



October DY5 Reporting for Category 3

Cat 3 Team
Transformation Waiver Operations

October 5, 2016

Category 3 Milestones

DY4 Milestones		Template
PM-10*	Successful reporting of measure to specifications	Category 3 Reporting Template
PM-12*	Sustained high performance level	
AM-1.x*	Achievement of DY4 performance goal	
* October DY5 is the last opportunity to report achievement for DY4 milestones		

DY5 Milestones		Template
PM-10	Successful reporting of measure to specifications	Category 3 Reporting Template
PM-12	Sustained high performance level	
AM-2.x	Achievement of DY5 performance goal	
PM-11	Successful achievement of stretch activity	Coversheet for SA3 Only
AM-3.x	Achievement of DY5 performance goal for PFP measure	PFFM Reporting Template

October DY5 Templates

All Providers:

- Category 3 Reporting Template
 - Save as: RHPXX_TPIXXXXXX_Cat3_OctDY5.xlsm

Only Providers with Alternate Improvement Activities:

- PFPM Reporting Template (AM-3.x)
 - Save as:
RHPXX_TPIXXXXXX_PFPM_OctDY5
- Stretch Activity 3 Coversheet (PM-11)
 - Save as:
RHPXX_TPIXXXXXX.2.X_SA3_OctDY5.xlsm

All templates available at:

<https://hhs.texas.gov/laws-regulations/policies-and-rules/waivers/medicaid-1115-waiver/tools-and-guidelines-regional-healthcare-partnership-participants>

Online Reporting System

- For Cat 3 milestones PM-10, AM-1.x, AM-2.x, and PM-12, providers will not enter a progress update, the achievement status, or the percent of goal achieved or responses to carryforward questions in the online reporting system.
 - The online reporting system will be updated with reporting and achievement status by HHSC after reporting review is completed.
 - Providers will use the online reporting system to respond to any Needs More Information (NMI) determinations.
- Providers will use the online reporting system to report on AM-3.x (PFPM outcomes) and PM-11 (Stretch Activities) similar to a Category 1 or 2 milestone.

Category 3 Questions Deadline

- Because of the volume and complexity of Category 3, providers should send questions related to October DY5 reporting as soon as possible.
- Providers should send Category 3 questions to the waiver mailbox by **Thursday, October 20th**.

CATEGORY 3 MEASUREMENT PERIODS & REPORTING ELIGIBILITY

Demonstration Years (DY) vs Performance Years (PY)

- While metric funds are tied to a specific DY, the measurement periods for Cat 3 achievement don't always align with the DY.
- Cat 3 measurement periods are referred to as Performance Years (PY) rather than Demonstration Years (DY).
 - DYS refer to the Oct. 1 – Sep. 30 divisions within the waiver lifecycle (e.g., DY5 is 10/1/15 – 9/30/16).
 - PYS refer to the 12 month period during which a Cat 3 metric can be achieved. PYS vary based on the outcome's baseline measurement period.

PY Measurement Periods

- An outcome's first PY (PY1 for standard baselines; PY2 for DY4 Baselines) is the 12 months immediately following the end of the baseline period.
- Subsequent PYs are the 12 months immediately following the end of the previous PY measurement period.

Example of PYs

	Standard Baseline	DY4 Baseline/PFPs
Baseline	10/01/2013 -09/30/2014	01/31/2014 -12/31/2014
PY1: DY4 milestones	10/01/2014 -09/30/2015	N/A
PY2: DY5 Milestones & CF of DY4	10/01/2015 -09/30/2016	01/01/2015 -12/31/2015
PY3*: DY6 Milestones & CF of DY5	10/01/2016 -09/30/2017	01/01/2016 -12/31/2016

**for carryforward of DY5 milestone AM-2.x, PY3 is the 12 months following PY2. For DY6 milestone AM-3.x, PY3 can be either the 12 months following PY2, or DY6.*

October DY5 Reporting Eligibility

- Reporting eligibility is determined by the end of the PY being reported.
- Baseline and performance cannot be reported in the same reporting period.
- In October DY5, outcomes that reported a baseline in a prior reporting period will be eligible to report all performance years that are completed by 09/30/2016.
- Reporting eligibility is indicated in the October DY5 Reporting Template.
- Providers previously reporting full achievement of AM-2.x in PY2 and eligible to report PY3 may report PY3 as part of their semi-annual reporting.

Non-Consecutive Measurement Period Exception

If a provider was approved to report baseline using a proxy population, there may be a gap between the baseline measurement period and first PY's measurement period,

- Providers must have written pre-approval from HHSC for a proxy population to have a gap between the baseline and PY1 measurement period.
- When first reporting PY1, a copy of written pre-approval should be uploaded to the online reporting system. Justification for the non-consecutive measurement period should also be included in the qualitative field in the template.
- Providers that report a non-consecutive PY1 measurement period without prior approval will receive an NMI determination.

CATEGORY 3 PARTIAL ACHIEVEMENT & CARRYFORWARD

Partial Achievement & Carryforward

Carryforward of Reporting:

- Carrying forward reporting means not reporting a PY in its associated demonstration year, and reporting in the following DY. For example, not reporting PY1 in DY4, and carrying forward reporting to DY5.

Carryforward of Achievement:

- Cat 3 milestones AM-1.x, AM-2,x, and AM-3.x are eligible for partial achievement and carryforward.
- Carrying forward achievement means achievement not earned in the first PY associated with an achievement milestone is carried forward to be earned in the second PY associated with an achievement milestone.
- Carrying forward achievement does not change PY measurement periods.

Partial Achievement

- Providers may receive partial payment for making progress towards but not fully achieving the goal associated with an achievement milestone for a P4P outcome (AM-1.x, AM-2.x, AM-3.x).
- Partial payment is available in increments of 25%

Percent of Goal Achieved	Partial Payment Earned
At least 100% of goal achieved	100%
At least 75% but less than 100%	75%
At least 50% but less than 75%	50%
At least 25% but less than 50%	25%
Less than 25%	No Payment

Example of Goal Achievement – PY1

Rate Part 1 of 1					
	Numerator	Denominator	Baseline Rate	PY1 AM-1.1 Goal	PY2 AM-2.1 Goal
Baseline	50	100	0.5000	0.5250	0.5500
			Performance Rate	AM-1.1 % of Goal Achieved	AM-2.1 % of Goal Achieved
Performance Year 1	51.5	100	0.5150	50% of goal achieved	
Performance Year 2	54	100	0.5400	100% of goal achieved	75% of goal achieved
Performance Year 3*	55	100	0.5500		100% of goal achieved

AM-1.1 % of goal achieved in PY1

$$(PY2 \text{ Achieved} - \text{Baseline}) / (PY1 \text{ Goal} - \text{Baseline})$$

$$(.54 - .50) / (.525 - .50) =$$

Based on achievement reported in PY1, the provider is eligible to receive 50% of funds associated with DY4 milestone AM-1.1 milestone, and will carryforward the unearned 50% to be possibly earned in PY2.

Example of Goal Achievement – PY2

Rate Part 1 of 1					
	Numerator	Denominator	Baseline Rate	PY1 AM-1.1 Goal	PY2 AM-2.1 Goal
Baseline	50	100	0.5000	0.5250	0.5500
			Performance Rate	AM-1.1 % of Goal Achieved	AM-2.1 % of Goal Achieved
Performance Year 1	51.5	100	0.5150	50% of goal achieved	50% of goal achieved
Performance Year 2	54	100	0.5400	100% of goal achieved	75% of goal achieved
Performance Year 3*	55	100	0.5500	100% of goal achieved	100% of goal achieved

AM-1.1 % of goal achieved in PY2	AM-2.1 % of goal achieved in PY2
$\frac{(\text{PY2 Achieved} - \text{Baseline})}{(\text{PY1 Goal} - \text{Baseline})}$ $(.54 - .50)/(.525 - .50) = 160\%$	$\frac{(\text{PY2 Achieved} - \text{Baseline})}{(\text{PY2 Goal} - \text{Baseline})}$ $(.54 - .50)/(.55 - .50) = 80\%$

Based on achievement reported in PY2, provider is eligible to receive the additional 50% of unearned funds carried forward from DY4 milestone AM-1.x, is eligible to receive 75% of funds associated DY5 milestone AM-2.1, and will carryforward the unearned 25% of DY5 AM-2.1 to be possibly earned in PY3

Example of Goal Achievement – PY2

Rate Part 1 of 1					
	Numerator	Denominator	Baseline Rate	PY1 AM-1.1 Goal	PY2 AM-2.1 Goal
Baseline	50	100	0.5000	0.5250	0.5500
			Performance Rate	AM-1.1 % of Goal Achieved	AM-2.1 % of Goal Achieved
Performance Year 1	51.5	100	0.5150	50% of goal achieved	
Performance Year 2	54	100	0.5400	100% of goal achieved	75% of goal achieved
Performance Year 3*	55	100	0.5500		100% of goal achieved

AM-2.1 % of goal achieved in PY3

$$\frac{(\text{PY3 Achieved} - \text{Baseline})}{(\text{PY2 Goal} - \text{Baseline})}$$

$$(.55 - .50) / (.55 - .50) = 100\%$$

Based on the percent of goal achieved in PY3, the provider is eligible to receive the additional 25% of unearned funds carried forward from DY5 milestone AM-2.x.

Goal Achievement Calculations: P4P Outcomes with Positive Directionality

PY	Milestone	Percent of Goal Achieved Formula
PY1	AM-1.x	$(\text{PY1 achieved} - \text{baseline}) / (\text{PY1 goal} - \text{baseline})$
PY2	AM-1.x*	$(\text{PY2 achieved} - \text{baseline}) / (\text{PY1 goal} - \text{baseline})$
	AM-2.x	$(\text{PY2 achieved} - \text{baseline}) / (\text{PY2 goal} - \text{baseline})$
PY3	AM-2.x*	$(\text{PY3 achieved} - \text{baseline}) / (\text{PY2 goal} - \text{baseline})$

*Carryforward from previous PY if achievement is less than 100%.

Goal Achievement Calculations: P4P Outcomes with Negative Directionality

PY	Milestone	Percent of Goal Achieved Formula
PY1	AM-1.x	$(\text{baseline} - \text{PY1 achieved}) / (\text{baseline} - \text{PY1 goal})$
PY2	AM-1.x*	$(\text{baseline} - \text{PY2 achieved}) / (\text{baseline} - \text{PY1 goal})$
	AM-2.x	$(\text{baseline} - \text{PY2 achieved}) / (\text{baseline} - \text{PY2 goal})$
PY3	AM-2.x*	$(\text{baseline} - \text{PY3 achieved}) / (\text{baseline} - \text{PY2 goal})$

*Carryforward from previous PY if achievement is less than 100%.

Additional Partial Payment Details

- Providers may report multiple PYs in the same reporting period, and will earn the highest percent of goal achieved associated with an AM milestone reported.
 - *Example: Reporting PY2 and PY3 in DY5 R2 with 75% achievement of AM-2.1 in PY2, and 50% achievement of AM-2.1 in PY3. Provider is eligible to receive 75% of AM-2.1 in DY5 R2, and is no longer eligible to earn additional payment in DY6.*
- Providers that carryforward achievement and either maintain or decrease percent of goal achieved for an achievement milestone will not receive additional achievement funds, but will not lose funds previously earned.
 - *Example: Reporting PY1 in DY4 R2 with 75% achievement of AM-1.1 Reporting PY2 in DY5 R2 with 50% achievement of AM-2.1. Provider earns 75% of AM-1.1 in DY4 R2, and no additional funds in DY5 R2.*

Reporting AM-1.x Achievement in PY2 with a Data Lag

- October DY5 is the last opportunity to report for achievement of DY4 milestone AM-1.x
- Providers reporting partial achievement of AM-1.x in PY1 will be able to report for achievement of AM-1.x in PY2.
- As many PY2 measurement periods end 09/30/2016, data pulls may not be complete to report by 10/31/2016.
- Providers may request an NMI in the Category 3 reporting template, and use the NMI reporting period to report for carried forward achievement of AM-1.x in PY2.
- Only providers who have or are reporting AM-1.x as partially achieved in PY1 and need additional time to report PY2 will be eligible to request to report in the NMI reporting period.

Revised Goal Setting for IOS - Survey Outcomes

- Reminder that the goal setting formula was revised for IOS – Survey outcomes using Scenario 1 or Scenario 2.
- Goals have already been updated.
- Updated goal calculation formula is included in the Category 3 Reporting Template if baseline is being corrected.

Direction	Reporting Scenario	PY2 Goal
Positive	Scenario 2 (Pretest Baseline) & Scenario 3 (Average Score)	Baseline + .10* (max score - baseline)
Negative	Scenario 2 (Pretest Baseline & Scenario 3 (Average Score)	Baseline - .10* (baseline – min score)

CATEGORY 3 REPORTING TEMPLATE

Category 3 Reporting Template (1)

- Used for reporting baseline and performance of Cat 3 outcomes for milestones PM-10, AM-1.x, AM-2.x, PM-12.
- Not used to report PFPMs or Stretch Activities.
- Providers will complete one Category 3 Reporting Template, which will contain all of provider's Cat 3 outcomes in one region.
- Requires certification by Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting.
- Should be uploaded only once to first Cat 3 outcome associated with the first Cat 1 or 2 project in reporting system.
- Save file as: RHPXX_TPIXXXXXXXXXX_Cat3_OctDY5.xlsm

Category 3 Reporting Template (2)

- **All providers must submit a Cat 3 Outcome Reporting Template**, whether they are reporting achievement of a Cat 3 outcome or not.
- The template includes a separate tab for each **Category 3 outcome**.
- Based on eligibility, each tab allows for the **reporting or correcting** of the Cat 3 project's baseline and/or PY1, PY2, and PY3 achievement.

Compendium Format Update

- Updates to the HHSC website currently do not allow zip files, making the old compendium documents inaccessible.
- The Category 3 Compendium of Measure Specifications has been combined into a single PDF document, available under the Category 3 section of the [Tools & Guidelines](#) page.
- There have been no changes to Category 3 Compendium specifications.
- Contact HHSC if you identify any errors or missing information in the combined compendium document.

Step 1 Tab

- Enter Primary Contact, RHP and TPI information
- Template will list Cat 3 projects and eligibility to report in October DY5
- Click “Create Project Specific Tabs” button to create a tab for each Cat 3 project

Progress Indicators

Contact Information:	Complete
RHP Region and TPI Input:	Complete
Create Outcome Tabs:	Complete

Information for Primary Contact (regarding information reported in this template)

Contact Name:	Jane Smith
Email Address:	janesmith@sampleprovider.org
Phone Number:	(512) 555-5555

Provider Information

RHP:	RHP 1
TPI:	012345678
Provider Name:	Sample Provider

Project-Specific Reporting Options

Category 1 or 2 Project ID	Category 3 Project ID	IT Reference	Outcome Title	Milestone Structure	Eligible to Report in Round 1, DY5?	Eligible to Report on PFPM or SA in Round 1, DY5?
012345678.1.1	012345678.3.1	IT-2.21	Ambulatory Care Sensitive Conditions Admissions Rate	Standard P4P	Yes	NA
012345678.1.2	012345678.3.2	IT-1.10	Diabetes care: HbA1c poor control (>9.0%)	Standard P4P	Yes	NA
012345678.1.3	012345678.3.3	IT-3.3	Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate	Standard P4P	Yes	NA
012345678.1.4	012345678.3.4	IT-2.21	Ambulatory Care Sensitive Conditions Admissions Rate	Standard P4P	No	NA
012345678.1.5	012345678.3.5	IT-6.2.a	Client Satisfaction Questionnaire 8 (CSQ-8)	Standard P4R SA	Yes	No
012345678.1.6	012345678.3.6	IT-6.1.a.ix	HCAHPS Overall Hospital Rating	DY4 Baseline P4P	Yes	NA
012345678.1.7	012345678.3.7	IT-1.18	Follow-Up After Hospitalization for Mental Illness	DY4 Baseline P4R SA	No	No

Create Project Specific Tabs

Press this button only after the "Contact Information" and "RHP Region and TPI Input" progress indicators show "Complete" above.

Create Project Specific Tabs

Outcome & Reporting History Details

- Each Project tab includes information on the outcome, as well as information previously reported to HHSC.

Outcome Details

Outcome:	IT-2.21	Measure Title:	Ambulatory Care Sensitive Conditions Admissions Rate
Standard Numerator:	Total number of acute care hospitalizations for ambulatory care sensitive conditions younger than age 75 years.		
Standard Denominator:	Total mid-measurement period population younger than age 75.		
Milestone Structure:	Standard P4P	Baseline Information:	Baseline ends by 09/30/2014
Custom Goal:	No	Survey Administration Scenario:	
Calculation Type:	IOS		

Reporting Status

Baseline: (BL)	<table border="1"> <tr><td>Reported Baseline</td></tr> <tr><td>Yes</td></tr> <tr><td>Current Baseline Source</td></tr> <tr><td>Baseline Correction Form (DY4 Interim)</td></tr> <tr><td>Measurement Period</td></tr> <tr><td>07/01/2013 - 06/30/2015</td></tr> </table>	Reported Baseline	Yes	Current Baseline Source	Baseline Correction Form (DY4 Interim)	Measurement Period	07/01/2013 - 06/30/2015	Numerator:	Rate 1 of 1
Reported Baseline									
Yes									
Current Baseline Source									
Baseline Correction Form (DY4 Interim)									
Measurement Period									
07/01/2013 - 06/30/2015									
		Denominator:	105						
		Rate:	377						
		PY1 Goal:	0.2785						
		PY2 Goal:	0.2646						
			0.2507						
Performance Year 1: (PY1)	<table border="1"> <tr><td>Reported PY1</td></tr> <tr><td>Not Reported</td></tr> <tr><td>Current Source</td></tr> <tr><td>Not Reported</td></tr> <tr><td>Current Measurement Period</td></tr> <tr><td>Not Reported</td></tr> </table>	Reported PY1	Not Reported	Current Source	Not Reported	Current Measurement Period	Not Reported		
Reported PY1									
Not Reported									
Current Source									
Not Reported									
Current Measurement Period									
Not Reported									
Performance Year 2: (PY2)	<table border="1"> <tr><td>Reported PY2</td></tr> <tr><td>Not Reported</td></tr> <tr><td>Current Source</td></tr> <tr><td>Not Reported</td></tr> <tr><td>Current Measurement Period</td></tr> <tr><td>Not Reported</td></tr> </table>	Reported PY2	Not Reported	Current Source	Not Reported	Current Measurement Period	Not Reported		
Reported PY2									
Not Reported									
Current Source									
Not Reported									
Current Measurement Period									
Not Reported									
Performance Year 3: (PY3)	<table border="1"> <tr><td>Reported PY3</td></tr> <tr><td>Not Reported</td></tr> <tr><td>Current Source</td></tr> <tr><td>Not Reported</td></tr> <tr><td>Current Measurement Period</td></tr> <tr><td>Not Reported</td></tr> </table>	Reported PY3	Not Reported	Current Source	Not Reported	Current Measurement Period	Not Reported		
Reported PY3									
Not Reported									
Current Source									
Not Reported									
Current Measurement Period									
Not Reported									

Eligibility to Report/Correct

- The template can accommodate corrections for both outcomes reporting for achievement and those providing a status update.
 - P4P outcomes that have not yet reported performance will be able to make corrections to the reported baseline numerator and denominator through the reporting template.
 - P4R outcomes will be able to make corrections to all prior reporting history.
- The table at top of the Project tab will indicate whether Baseline/Performance are eligible to be newly reported and whether any previously reported Baseline/Performance can be corrected, if necessary.

	Eligible to report?	Corrections Allowed?	Progress Indicator
Reporting Selections:			Incomplete
Progress Update:			Incomplete
Baseline Reporting:	No	Yes	Incomplete
Performance Reporting:	Yes	No	Incomplete
Qualitative Questions:			Incomplete

Correcting Baseline

- While a provider may be eligible to correct a previously reported baseline numerator and denominator, they generally should not change the baseline measurement period. The option to change baseline dates is intended to allow for the correction of typos. It should not be used to adjust baseline measurement periods.
- Changing the baseline measurement period requires written pre-approval from HHSC that must be uploaded to the reporting system as supporting documentation. Changing a measurement period without approval will result in an NMI and the correction may not be accepted.

Baseline & Performance Corrections

- Contact HHSC as soon as possible if you need to correct a baseline for an outcome that is not automatically eligible for corrections.
- HHSC will review your correction and provider instructions for correcting baseline in the reporting template.
 - Depending on volume, HHSC may not be able to provide assistance to all providers requiring baseline corrections during the reporting period. Please contact HHSC as soon as possible.
- Do not report achievement against a baseline that is known to be incorrect, or is current marked as correction needed.

Reporting Selections

- If Baseline and/or Performance are eligible for reporting or corrections, provider will need to indicate whether they intend to correct or report baseline/performance under the Reporting Selections header.

Reporting Selections

Correcting Baseline:
Reporting Performance:

- For P4R outcomes, if “Yes” is selected for Correcting Baseline, Correctly Performance will default to “Yes”, since performance must also be corrected to confirm alignment with baseline revisions.

Reporting Selections

Correcting Baseline:
Correcting Performance: Yes

Progress Update

- All providers must enter a progress update for each Cat 3 project in the box provided, regardless of whether they are reporting.
- Only one progress update is required per Cat 3 outcome (e.g., separate updates are not needed for AM-2.1 and AM-2.2)

Reporting Selections

Correcting Baseline:
Reporting Performance:

Progress Update

Progress Update:

PY Goals Calculated Based on Baseline Entries

When the baseline numerator and denominator are reported or corrected, PY goals are revised based on these entries and the outcome and goal type (e.g., IOS, QISMIC).

Baseline Reporting / Corrections

Baseline Type:	Standard
Expected Start Date:	7/1/2014
Expected End Date:	6/30/2015
Change Start/End Date:	No
	Rate 1 of 1
Numerator:	109
Denominator:	352
Baseline Rate:	0.3097
PY1 Goal:	0.2942
PY2 Goal:	0.2787

Reporting/Correcting Performance

- When Performance is reported/corrected, the template calculates the PY rate and percent of goal achieved.
- Goal achievement formulas are determined by the measure directionality (positive or negative) and baseline measurement period type (Standard or DY4).
- Goal achievement formulas are shown on the following slide and can be confirmed in the Cat 3 Summary Workbook & Goal Calculator.

Performance Reporting / Corrections

PY1:

Newly Reporting Performance

Start Date:	10/01/2014
End Date:	09/30/2015

	Rate 1 of 1
Numerator:	301
Denominator:	1005
PY1 Rate:	0.2995
Achievement Milestone:	AM-1.1
% of Goal Achieved:	75%

- Provider should confirm that all five progress indicators on each Project tab show Complete (green) before submitting their template to HHSC.

Reporting Eligibility and Progress

	Eligible to report?	Corrections Allowed?	Progress Indicator
Reporting Selections:			Complete
Progress Update:			Complete
Baseline Reporting:	No	Yes	Complete
Performance Reporting:	Yes	No	Complete
Qualitative Questions:			Complete

Certification (Reporting Summary Tab)

Providers are required to certify accuracy of reported baselines and performance. Certification should be done by the Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting. Certifier should print out reporting summary, sign, and upload a copy with the template.

Selection Details							Rate Part 1					Rate Part 2					
Cat 3 Proj ID	IT	IT Descrip	Rprt Type	Reported	Most Recent Source	End Date	Num	Denom	Rate	AM-1.1 Goal % of Goal Ach.	AM-2.1 Goal % of Goal Ach	Num	Denom	Rate	AM-1.2 Goal % of Goal Ach.	AM-2.2 Goal % of Goal Ach	
3.1	IT-2.21	ACSCs Adm	BL	DY3 R2	DY3 R2 Baseline T	12/31/12	460	27835	0.0165	0.0157	0.0149						
			PY1	DY4 R2	DY4 R2	12/31/13	379	26406	0.0144	100%							
			PY2	DY5 R1	DY5 R1	12/31/14	378	26632	0.0142		100%						
			PY3		Not Reported												
3.2	IT-1.10	Diabetes: HbA1c poor control	BL	DY3 R2	DY3 R2 Baseline T	09/30/14	91	303	0.3003	0.2992	0.2982						
			PY1	DY5 R1	DY5 R1	09/30/15	301	1005	0.2995	75%							
			PY2		Not Reported												
			PY3		Not Reported												
3.3	IT-3.3	Risk Adj CHF 30-day Readm	BL	DY3 R2	MSLC Baseline Re	09/30/14	0.0492	0.0563	0.8739	0.8302	0.7865						
			PY1		Not Reported												
			PY2		Not Reported												
			PY3		Not Reported												
3.5	IT-6.2.a	CSQ-8	BL	DY3 R2	DY5 R1	09/30/14	472	18	26.22	P4R	P4R						
			PY1	DY5 R1	DY5 R1	09/30/15	540	20	27.00	P4R							
			PY2		Not Reported												
			PY3		Not Reported												
3.6	IT-6.1.a.ix	HCAHPS Overall Rating	BL	DY5 R1	DY5 R1	09/30/15	803	1139	0.7050	0.6400	0.6560						
			PY1	NA	NA	NA											
			PY2		Not Reported												
			PY3		Not Reported												
3.7	IT-1.18	F/U After Hospitalization for Mental Illness	BL	DY4 R2	DY5 R1	09/30/15	11	19	0.5789	P4R	P4R	4	19	0.2105	P4R	P4R	
			PY1	NA	NA	NA											
			PY2		Not Reported												
			PY3		Not Reported												

Certification

Please check the box to certify the statement below and insert your name, title and date in the boxes that follow

I certify that the rates reported on this template have been reviewed for accuracy and are representative of the approved outcomes

Name:

Title:

Date:

ALTERNATE IMPROVEMENT ACTIVITIES

Alternate Improvement Activities in DY5

- Outcomes that are P4R or Maintenance must have either a Population Focused Priority Measure or a Stretch Activity in DY5. Not all providers will have a PFPM or a Stretch Activity.
- Outcomes with a PFPM have an AM-3.x milestone in DY5, and a milestone structure that included PFP (Standard P4R PFP). AM-3.x milestone are eligible for partial achievement and carryforward
- Outcomes with a Stretch Activity have a PM-11 milestone in DY5, and a milestone structure that includes SA (Standard P4R SA). PM-11 milestones are eligible for carryforward

PFPM REPORTING

- PFPM performance must be submitted in the PFPM Reporting Template.
- Providers will submit one template per PFPM selection.
- Providers reporting identical PFPM selections for multiple category 3 IDs may submit one template for all project IDs with identical selections.
- Requires certification by Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting
- Save file as: RHPXX_TPIXXXXXXXXXX_PFPMCat3_OctDY5.xlsm

PFPM Reporting Eligibility

- PFPM outcomes with an approved baseline ending by 09/30/2015 are eligible to report performance for achievement of DY5 Milestone AM-3.x.
- PFPM outcomes that reported their first year of performance in April DY5, and reported less than full achievement, and outcomes that report in October DY5 with less than full achievement will be eligible to report for carryforward of achievement if their PY3 measurement period ends by 09/30/2016.
- Providers will not be able to report achievement for PFPM outcomes that have not previously reported a baseline to HHSC.

PFPM Template Instructions

- The PFPM template allows providers to make corrections to previously reported baselines.
- Similar to the Category 3 Reporting Template, the PFPM Reporting Template will automatically calculate goals and achievement.
- Providers should respond to all qualitative questions.
- Providers should ensure that the progress indicator row on each tab indicates that all necessary information has been completed.
- Providers should follow the instructions in the template for certification and entering achievement in the online reporting system.

STRETCH ACTIVITY REPORTING

- Providers reporting on SA3 in October DY5 must submit both the Coversheet AND a program evaluation report for each Category 1 or 2 project with an associated Program Evaluation stretch activity.
- Providers reporting on other Stretch Activities in October DY5 submit must the report/documentation associated with the stretch activity. No HHSC template/coversheet is required.
- Providers should upload documentation to each PM-11 milestone. Provides may upload the same documentation for PM-11 milestones under a single Category 1 or 2 project.
- Similar to a Category 1 or 2 milestone, in order to report in October DY5, stretch activity documents may be completed in October if the reported activity and/or data do not extend beyond Sept. 30, 2016.

- The Coversheet includes a list of possible areas of focus, as well as a custom option. Providers should describe what was evaluated, why it was evaluated, how it was evaluated, what the findings were, and how the findings are being used.

Section 2	Provider/Project Information
Briefly describe the project and its goals.	
What aspects of the program were evaluated? <i>(check all that apply)</i>	<input type="checkbox"/> Access to services <input type="checkbox"/> Data quality/infrastructure <input type="checkbox"/> Process Improvements <input type="checkbox"/> Sustainability <input type="checkbox"/> Target population <input type="checkbox"/> Other
Describe aspects of the program that were evaluated <i>(those checked above)</i> and key questions that were asked.	
Describe program evaluation methodology.	
Describe the positive findings (e.g., assets, successes, outcome improvements) of the evaluation.	
Describe findings regarding areas for improvement (e.g., barriers, remaining needs, unmet goals).	
What adjustments to the program have been implemented or are currently being considered based on the evaluation findings?	

ADDITIONAL INFORMATION

Tips for October DY5 Reporting

- Consistency in measurement processes year to year is critical to understanding changes in outcome performance.
 - If there are changes in the data collection or abstraction process from the previous year describe these changes, the reason for the change and the potential effects on performance due to this change (if any) in the qualitative fields of the template.
- Respond to the qualitative questions in the template thoughtfully and clearly.
 - HHSC uses these responses to understand how the data was collected and identify situations where TA may be needed.
- Review the MSLC resources for common Category 3 baseline reporting mistakes.

Common Causes of an NMI Determination

- Template/Coversheet incomplete or not submitted
- Progress update not complete in the Cat 3 template
- Reported measurement period does not align with previously approved measurement period
- Template certification missing or incomplete
- Reporting performance against a baseline or PY marked as “CN*” without correcting the baseline or PY.

Additional Reporting Resources

- [October DY5 Reporting Companion Document](#)
- [October DY5 Reporting Webinar/Presentation](#)
- [Category 3 Summary Workbook & Goal Calculator](#)
- [Reported Category 3 Outcomes – All RHPs](#)

