



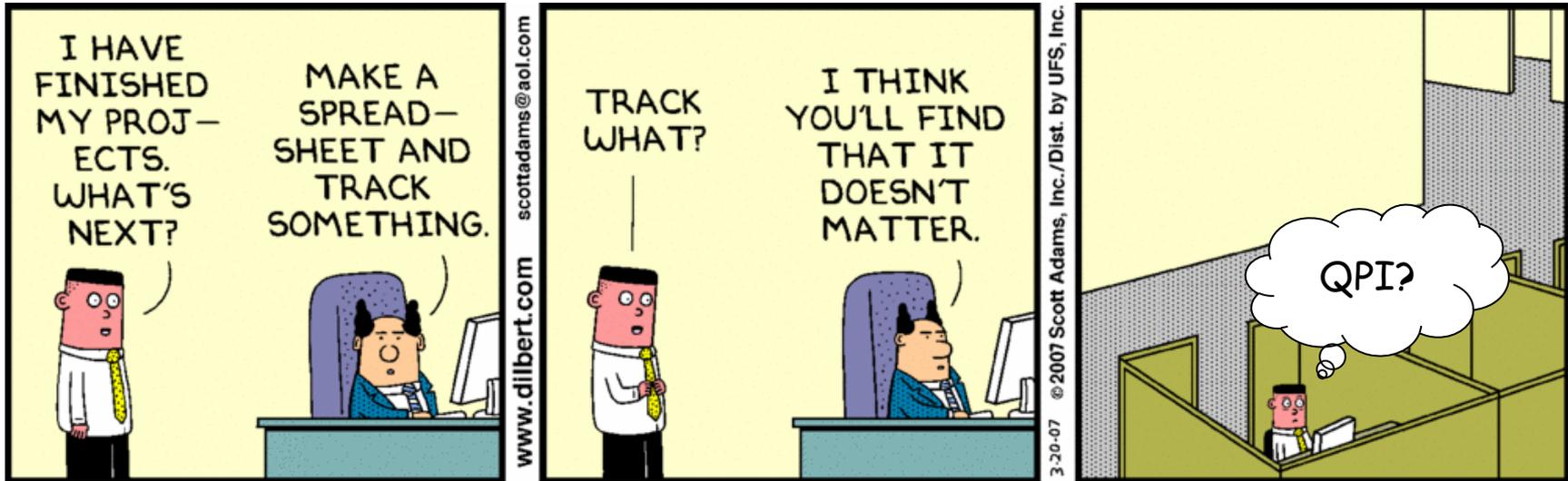
Statewide Learning Collaborative Summit: DSRIP Reporting of Quantifiable Patient Impact (QPI)

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QPI Overview

Why Report on QPI Metrics?



- Actually...QPI metrics are very important, because they show the increased/enhanced service volume (additional individuals served or encounters provided each year) due to each DSRIP project.

When to Report QPI

- Providers may report QPI for metric achievement in April or October.
- Regardless of when QPI is achieved, providers with a QPI metric in the demonstration year (DY) must submit a QPI Reporting Template in October to meet the metric-level Semi-Annual Reporting (SAR) requirement.

Submit QPI
Reporting Template

April

October

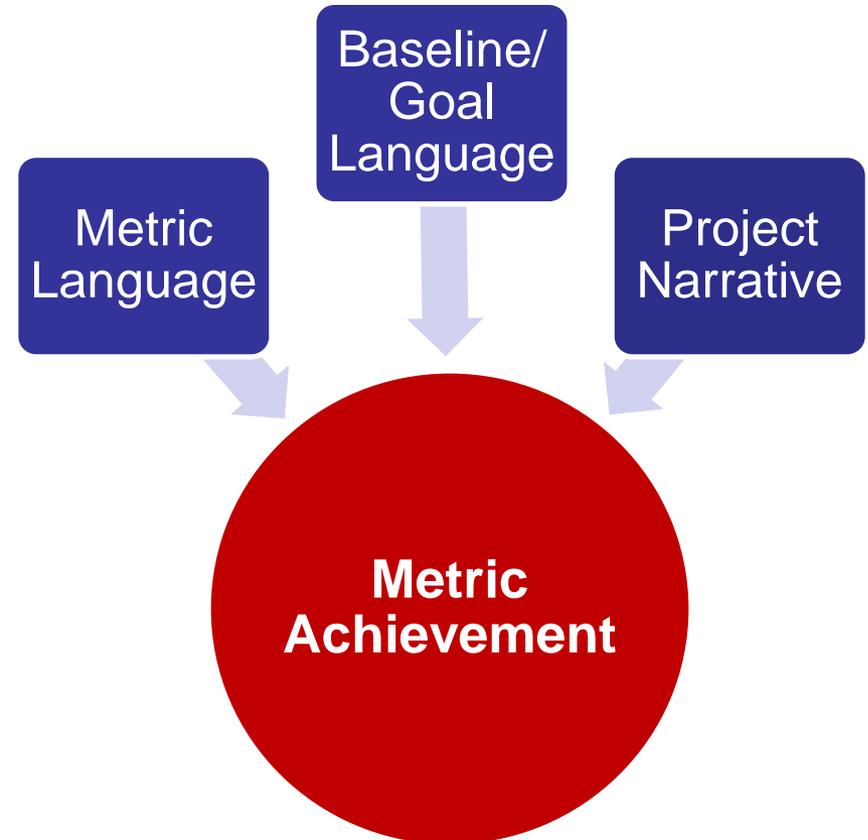
To
demonstrate
metric
achievement
for payment
(optional)

To
demonstrate
metric
achievement
for payment
(optional)

To fulfill
metric-level
SAR
requirement
(required)

QPI Metric Achievement

- Metric achievement is determined based on:
 - Metric language
 - Baseline/ goal language
 - Content of the project narrative
- A performing provider is not eligible for payment for a metric unless all metric goals are achieved.
 - Providers should not report a metric for payment unless fully achieved by the date specified for the reporting period (March 31 or September 30).



QPI Goals

Moving to Annual QPI Goals

- One source of confusion for some providers has been the use of annual vs. cumulative QPI goals.
- To attempt to simplify QPI, HHSC will remove the cumulative QPI goals from workbooks and will only include annual QPI goals.
- Carry-forward will instead be calculated by the QPI reporting template (for HHSC reporting review purposes).



Pre-DSRIP Baseline

About Pre-DSRIP Baseline

- A general goal of DSRIP is to show increased capacity and enhanced services compared to what existed prior to DSRIP.
- To determine the level of service that existed prior to the implementation of the DSRIP project, the provider must determine the pre-DSRIP baseline.
- Every QPI metric should have one (and only one) pre-DSRIP baseline. While the QPI will change from one DY to the next, the pre-DSRIP baseline will not change.

Determining Pre-DSRIP Baseline

- Pre-DSRIP baseline information will typically reflect the year prior to the year the DSRIP project is implemented (e.g., often DY2 or DY1).
 - If a full year is unavailable, the pre-DSRIP baseline should be annualized in most cases.
- For new projects, the pre-DSRIP baseline is 0 individuals or encounters. Projects that expand an existing program or service have a pre-DSRIP baseline greater than 0 they seek to build on.
- Pre-DRIP baseline data should be comparable to QPI:
 - Pre-DSRIP baseline should be based on the QPI grouping
 - Pre-DSRIP baseline should reflect the QPI target population

Pre-DSRIP vs DSRIP Baseline

- The pre-DSRIP baseline differs from a baseline that may be established as part of a DSRIP project.



Pre-DSRIP Baseline

Based on individuals served or encounters provided **PRIOR TO** implementation of DSRIP project

Equals 0 if DSRIP project is not an expansion (i.e., provides a new program or service)



DSRIP Baseline

Based on individuals served or encounters provided **AFTER** implementation of DSRIP project

Often reported as an “Establish a baseline” metric for DSRIP projects providing a new program or service

Calculation of QPI

Calculating QPI

- Early achievement of QPI is not allowed.
- Only individuals served/ encounters provided during the DY (or during the DY and subsequent DY, if carryforward metric), may be counted as QPI.
- Allowable dates of service:

DY Reporting	Not Reporting as Carry-forward Metric	Reporting as Carry-forward Metric
DY3	Oct. 1, 2013 – Sep. 30, 2014	Oct. 1, 2013 – Sep. 30, 2015
DY4	Oct. 1, 2014 – Sep. 30, 2015	Oct. 1, 2014 – Sep. 30, 2016
DY5	Oct. 1, 2015 – Sep. 30, 2016	Oct. 1, 2015 – Sep. 30, 2017

Calculating QPI

- While the provider must show that it is serving additional individuals or providing more encounters than the pre-DSRIP baseline, the pre-DSRIP baseline number is not counted as part of the QPI attributable to the project since it existed prior to the project.
- QPI is calculated as:



What to Include in QPI

- Encounters-based QPI metrics:
 - Encounters that may be counted as QPI are based on the project area (e.g., 1.1 and 1.9 projects include only office visits), goal language, and project scope described in narrative.
 - Encounters must be completed (e.g., completed follow-up calls for patient navigation, not attempted calls) to be included as QPI.
- Individuals-based QPI metrics:
 - Individuals that may be counted towards QPI are based on the goal language and target population described in the narrative.
 - Individuals may only be counted once during each DY, regardless of the number of encounters provided.
 - Individuals served in one DY may be counted again in another DY (e.g., if a care management program successfully retains the same individual as an enrollee in DY4 and DY5, that individual counts as one enrollee for the program in each DY).

Pop Quiz!

Fun QPI Word Problems

Not for a grade

QPI Example 1 Details

- Project Option: 1.1
- QPI Metric: I-12.1 (Documentation of increased number of visits.)
- A provider, who had never operated a clinic prior to DSRIP, opened a new primary care clinic during DY2 as part of its DSRIP project.
- The provider provided 1,000 office visits in DY2.
- The QPI goals are to provide an additional 400 visits over the DY2 baseline in DY3, 600 visits over the DY2 baseline in DY4 and 800 visits over the DY2 baseline in DY5.
- The provider served 900 patients in DY3. In DY3, they scheduled 1,500 appointments and provided 1,300 office visits, 500 lab visits, and 600 pharmacy consults.

QPI Example 1 Q&A

- What is the pre-DSRIP baseline?
0. This is a new project. The 1,000 visits provided in DY2 are a baseline established as part of the DSRIP project (attributable to the project), not a pre-DSRIP baseline.
- What is the DY3 QPI goal?
1,400 visits. 400 visits over the 1,000 visits provided in DY2.
- What is the DY4 QPI goal?
1,600 visits
- What is the DY5 QPI goal?
1,800 visits
- What is the DY3 QPI achieved?
1,300 visits. The provider scheduled 1,500 appointments and provided lab visits and pharmacy consults, but only 1,300 visits included completed office visits.
- Did the provider meet their DY3 metric, or should they request carry-forward?
No, they should request carry-forward and report achievement in DY4.

QPI Example 2 Details

- Project Option: 1.9
- QPI Metric: I-23.1 (Documentation of increased number of visits.)
- A provider operated a clinic prior to the DSRIP project that provided specialty care services through 2 specialty care providers.
- The specialty care clinic provided 2,000 office visits in DY2.
- Through their DSRIP project, the provider plans to increase the number of specialty care providers to 4.
- The QPI goal is for each newly hired specialty care provider to provide 1,000 visits each DY.
- The provider hired 1 new specialty care provider in DY3 and plans to hire another in DY4.
- In DY3, the 3 specialty care providers employed by the clinic provided at total of 3,100 office visits.

QPI Example 2 Q&A

- **What is the pre-DSRIP baseline?**
2,000 visits, based on the number of visits provided by the 2 specialty care providers employed by the clinic in DY2, prior to the hiring of any additional providers in DY3.
- **What is the DY3 QPI goal?**
1,000 visits. 1,000 additional visits over the 2,000 DY2 visits due to the hiring of 1 additional provider.
- **What is the DY4 QPI goal?**
2,000 visits. 2,000 additional visits over the 2,000 DY2 visits due to the hiring of 2 additional providers.
- **What is the DY5 QPI goal?**
2,000 visits. 2,000 additional visits over the 2,000 DY2 visits due to the hiring of 2 additional providers.
- **What is the DY3 QPI achieved?**
1,100 visits. 3,100 Total Specialty Care Visits – 2,000 Pre-DSRIP Baseline Visits.
- **Did the provider meet their DY3 metric, or should they request carry-forward?**
Yes, the provider met their metric for DY3!

QPI Reporting Template

- HHSC considered provider feedback and is implementing changes to make reporting of QPI less confusing and less taxing for providers.
- The QPI Template is being finalized and tested and will be released in the next two weeks.
- HHSC will hold a webinar on the revised QPI Reporting Template prior to October DY3 Reporting.
- The shell of the revised Template will be very similar to the PILOT QPI Reporting Template available for April DY3 reporting.
- Provider entries are highlighted in yellow. Blue text indicates information that is auto-filled based on provider inputs.

Project Data Entry

- Providers will submit one QPI Template per project.
- The template allows for the reporting of the project's Medicaid/Low Income Uninsured (MLIU) percentages.
 - Supporting documentation is not required, but this information is auditable by the compliance monitor.
- The Template allows for the reporting of up to 3 QPI metrics to accommodate projects with multiple QPI metrics in a DY.
 - Providers who are required to report both on total QPI and MLIU QPI will use the same QPI template to report both.
- Providers can use this template to report for payment, for carry-forward payment or for SAR only.

Metric QPI Data Entry

- Tabs will be created for each QPI metric selected in previous Project Data Entry tab.
- Providers will enter information on Pre-DSRIP Baseline.
 - If the project is not an expansion of an existing program or services, the pre-DSRIP baseline will default to 0.
 - For providers who do not have a full year of data on which to base pre-DSRIP baseline, an annualized number will be calculated by the template.
 - Supporting documentation is not required, but this information is auditable by compliance monitor.
- Providers will describe and enter their QPI data.
 - Providers will describe the types of individuals and encounters included as QPI.
 - Providers will enter the date ranges for QPI encounters.
 - Providers will copy and paste QPI data from their tracking source (EHR, spreadsheet, etc.).
 - Supporting data will include Patient IDs and Encounter Dates. Payer source data is no longer requested.

Metric QPI Summary

- The template will automatically calculate the QPI based on the data entered and indicate whether the QPI goal was achieved.
 - Calculations will be based on QPI grouping.
 - Template will only include encounters that are within the eligible dates for the reporting period calculations.
- The Summary tab will indicate whether QPI calculations match what the provider entered as their QPI on the Project Data Entry tab.
- It will also show whether the metric was achieved.
- After the provider verifies that all data has been correctly entered, they will return to the Metric QPI Data Entry tab and de-identify the QPI data (patient IDs).

Waiver Communications

- Find updated materials at <http://www.hhsc.state.tx.us/1115-waiver.shtml>
- Submit all questions to TXHealthcareTransformation@hhsc.state.tx.us