**Section V. DSRIP Projects**

## Category 3: Quality Improvements

All Category 1 and 2 main DSRIP projects were required to select an accompanying Category 3 outcome measure that providers felt would show improvement on population health outcomes, across a broader population than the project’s identified target population, as a result of succcesful implementation of the main project’s services and intervention.

RHP Plans no longer contain separate Category 3 narratives or milestone tables. All associated Category 3 measures for RHP 17 DSRIP projects are documented on the Section V Category 1 and 2 summary listings in the RHP 17 Plan. All main Category 1 and 2 project narratives have been updated to reflect current outcome measures for each project and the rationale for selecting the chosen measure(s).

**To view a summary of Category 3 Outcome Selections for all projects in RHP 17 and across the state, please visit the** [**HHSC RHP Plan website**](http://www.hhsc.state.tx.us/1115-RHP-Plans.shtml)**.**

*Brief Overview of Category 3 Process and Revised Improvement Methodology*

Because of the challenges associated with non-hospital providers being able to find relevant outcomes in the original 2012 planning protocol, Category 3 underwent an extensive review and overhaul by HHSC and CMS that was introduced to providers in early 2014. As a result of the revised Category 3 menu and the change in the methodology for calculating and measuring improvement of Category 3 outcomes, all providers across the state were required to review the original selections from 2012, with most selecting new or slightly modified Category 3 outcome measures.

Providers were required to select a measure believed to be clinical or strong enough to be designated as a standalone measure. For those providers, who could not find a suitable standalone measure, they had the option of selecting three non-standalone measures instead or could opt for a combination of the two types if desired. Measures were also designated as Pay-for-Reporting (P4R) or Pay-for-Performance (P4P), with the recommendation that Providers should seek to find P4P measures when possible. Those opting for P4R measures had to add an additional component related to population-focused priority measures from a proscribed list set forth by HHSC or they had to add a stretch activity for completion in DY5. Providers tracking P4P measures will strive to demonstrate a 10% and then 20% improvement in closing the gap between their baseline and the high-performance level of a measure with established state and/or national benchmarks. Otherwise, for P4P measures with no established benchmarks, Providers will attempt to achieve a straight 5% and then 10% improvement over their internal baseline in DY4 and DY5, respectively.

**For more information on the new Category 3 framework, the full measure list for selection, and detailed information on specifications for each measure as outlined in the Compendium of Category 3 measures, please visit the “Category 3” section of the** [**HHSC Waiver Tools and Guidelines page**](http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml)**.**