**Planning and Preparing for October DY4 Reporting**

Note: This two-page handout is intended to serve as a planning reference document and is not intended   
to replace guidance as provided by HHSC. To access information about October DY4 reporting,   
the Anchor team encourages providers visit theHHSC website**.**

**Step 1: Review Category 1/2 Project**

* **Do you have any DY3 carryforward metrics that require reporting** (these are noted in the online system with an asterisk**\***)?
  + If yes - October DY4 is the last opportunity for providers to report on DY3 carryforward.
* **Do you have any DY4 metrics that were not reported as complete during the April DY4 reporting period?**
  + If yes – update drop-down menu with one of the following:
    - “Yes – Completed” – submit [**Coversheet**](http://www.hhsc.state.tx.us/1115-docs/RHP/ReportingCoversheet.pdf) and supporting documentation as needed
    - “Partially Completed” – request carryforward to DY5
    - “No – Not Started” – request carryforward to DY5

**Step 2: Review Quantifiable Patient Impact (QPI) Metric**

* Every provider is required to report on QPI during October regardless if provider reported QPI metric as complete in April.
* Read the [**HHSC QPI Reporting Companion Document**](http://www.hhsc.state.tx.us/1115-docs/AprDY4_QPI_Companion.pdf) before entering information in the template and refer to the ‘Instructions’ included in the first tab of the QPI Template workbook for general guidance.
* If a provider is reporting achievement of a QPI metric in October for payment, the provider must demonstrate that the QPI goal was achieved during the specified time periods (dates below from page 3 of [**HHSC QPI Reporting Companion Document**](http://www.hhsc.state.tx.us/1115-docs/AprDY4_QPI_Companion.pdf)):

|  |  |  |
| --- | --- | --- |
| **Metric DY** | **Not Reporting as Carryforward** | **Reporting as Carryforward** |
| DY3 | Oct. 1, 2013 – Sept. 30, 2014 | Oct. 1, 2013 – Sept. 30, 2015 |
| DY4 | Oct. 1, 2014 – Sept. 30, 2015 | Oct. 1, 2014 – Sept. 30, 2016 |
| DY5 | Oct. 1, 2015 – Sept. 30, 2016 | Oct. 1, 2015 – Sept. 30, 2017 |

* **If reporting DY3 carryforward as complete**, select “Reporting DY3 metric achievement as carryforward” in row 39/column D on the ‘Project Data Entry’ tab
  + **If reporting DY4 completion**, select “Reporting DY4 metric achievement in DY4 reporting period” in row 39/column E on the ‘Project Data Entry’ tab
  + **If requesting carryforward for DY4**, select “Not ready to report DY4 metric achievement” in row 39/column E on the ‘Project Data Entry’ tab
* Providers should only submit one QPI Template, per project, per reporting period.
* If you plan to report completion of a QPI metric, the QPI Template will be the supporting attachment uploaded for your QPI metric.
* Step 6 should include all individuals served/encounters provided relative to the project, whether the individuals/encounters are due to the DSRIP expansion or due to capacity that was in place prior to DSRIP project implementation. The QPI template takes the total service volume calculated based on Step 6, and subtracts the pre-DSRIP amount entered in Step 5. What remains is the QPI.
  + Use the “paste values” function when inserting data in Step 6.When right clicking in the QPI template to paste information select this icon:
* **Do you have the information you need to complete the QPI report or do you need to run reports to pull data?**
  + If you need to run reports, consider visiting with those affected (DSRIP team members, IT, etc.) to ensure you have the information you need well before reports are due.

**Step 3: Review Associated Category 3 Project(s)**

* **Are there any milestones that require PM-9** (these are noted in the online system with an asterisk**\***)?
  + If yes, October DY4 is the last opportunity to report and submit this template.
  + If you submit a PM-9 template (establishing the baseline), you cannot submit the PM-10 or AM-1 templates during October.
* **Is your Cat 3 project a pay for performance (P4P) or pay for reporting (P4R)?**
  + If it is P4P, you are eligible to earn 50% of the DY4 payment through successful completion and reporting using the   
    PM-10 template, and earn the other 50% of the DY4 payment through successful completion and reporting using the AM-1 template.
  + If it is P4R, you are eligible to earn 100% of the DY4 payment through successful completion and reporting using the   
    PM-10 template.

**Note: Providers are encouraged to review** [**HHSC Category 3 DY4 Reporting Instructions**](http://www.hhsc.state.tx.us/1115-docs/DY4PerformanceTemplateInstructions.pdf) **prior to completing Cat 3 templates.**

* **Do you have a Population Focused Priority Measure (PFP)**?
  + Applies to providers who selected a P4R Cat 3 outcome (providers should know if they have a PFP activity as they would have selected one during baseline selection in March 2014).
  + Providers must submit the PFP template at least one reporting period prior to submitting PFP achievement in DY5.
  + Tips to completing PFP template:
    - Save the PDF to your computer before completing the form.
    - All cells must be filled in - if a cell does not apply enter “N/A”.
    - Select the PFP measure from the drop down menu on row 5.
    - Enter the ‘Rate’ as the current template does not automatically calculate this figure.
    - Select baseline measurement period in row 8, either: DY3 (10/1/13-9/30/14) or DY4 (10/1/14-9/30/15).
    - If you request TA from HHSC, or have comments/concerns, enter those in the last row, “Miscellaneous”.
    - If you complete this template, upload it as part of the supporting documentation for that associated Cat 3 project.
* **Do you have the information you need to complete the Cat 3 template(s) you plan to submit this reporting period or do you need to run reports to pull data?**
  + If you need time to run reports, consider visiting with those affected (DSRIP team members, IT, etc.) to ensure you have the information you need well before reports are due.

**Step 4: Review Category 4 (Hospital providers ONLY)**

* Partial payments do not apply to Cat 4.
* There is no carryforward for Cat 4.
* The Cat 4 reporting template has been updated for DY4 - providers should not use the DY3 reporting template.
* **RDs 1, 2, and 3:** The Institute for Child Health Policy (ICHP) prepared reports based on CY2013 Medicaid and CHIP data for hospitals for RD‐1 (Potentially Preventable Admissions), RD‐2 (30‐day Readmissions), and RD‐3 (Potentially Preventable Complications).
  + HHSC provided individual reports on RDs 1-3 to hospitals by email on 4/3/2015. This data is not being re‐sent for October.
  + In DY4, providers are required to submit responses to qualitative questions regarding provider-specific RDs 1‐3.
* **RDs 4 and 5:** Hospitals will report RD‐4 (Patient Centered Healthcare) and RD-5 (Emergency Department Measures) based on all‐payer data submitted by the individual provider.
  + Providers will have the option of reporting RDs 4 and 5 for Medicaid-only data if available.
  + The DY4 measurement period for RDs 4 and 5 is the 12 months immediately following the end of the measurement period reported in DY3. HHSC will not accept measurement periods of less than 12 months.
  + Responses to qualitative questions must be included for RDs 4 and 5.
* Providers are not required to submit additional documentation beyond the Cat 4 Reporting Template. However, providers are subject to additional monitoring at any time and should maintain internal documentation for their Cat 4 data.
* **Do you have the information you need to complete the Cat 4 reporting template or do you need to run reports to pull data?**
  + If you need time to run reports, consider visiting with those affected (DSRIP team members, IT, etc.) to ensure you have the information you need well before reports are due.

**Step 5: Complete Semi-Annual Reporting (SAR) Requirements**

* All Providers are required to submit SAR information regardless of whether the provider is reporting for payment. DSRIP payments may be withheld until the completed report is submitted. For each project, the provider should complete:
  + “Provider Summary Report”
  + “Project Summary” tab – all questions must be answered for each Cat 1/2 DSRIP project
    - You may enter “N/A” for some of the questions but there must be an explanation of why the response is “N/A”
    - Under "Patient Impact for Medicaid/Low‐Income Uninsured Population" identify patient impact in DY4 and specify Medicaid/Low‐Income Uninsured percentage that were served, including split percentages if available
    - Under "Progress on Core Components" list and describe progress on each required core component through September 30, 2015
  + “Progress Update” field – must be completed for each Cat 1/2 metric and each Cat 3 milestone