

Addendum to RHP Planning Protocol - Demonstration Year 6A

Attachment I -Regional Healthcare Partnership (RHP) planning protocol is amended for Demonstration Year (DY) 6A as follows:

Category 1 and 2

- All Process and Improvement Milestones in all Category 1 and 2 project areas are replaced with the following milestones under each project area:

DY6A Milestones:

1. Milestone: Total Quantifiable Patient Impact (QPI)
 - Q.1.1 Number of individuals served or encounters provided over pre-DSRIP baseline
2. Milestone: Medicaid and Low-Income Uninsured (MLIU) QPI
 - MQ. 1.1 Number of MLIU individuals served or MLIU encounters provided over MLIU pre-DSRIP baseline
3. Milestone: Project Summary and Core Components
 - 3.1. Project Overview: Accomplishments
 - 3.2. Project Overview: Challenges
 - 3.3. Project Overview: Lessons Learned
 - 3.4. Progress on Core Components, including quality improvement activities
 - 3.5. Description of other federal funding sources available for the project
 - 3.6. Participation in learning collaboratives, stakeholder forum, or other stakeholder meeting during DY6A
 - 3.7. The progress and completion of the next step taken (if required for a particular project)

4. Milestone: Sustainability Planning

Responses to questions related to sustainability planning efforts:

- 4.1 Collaboration with Medicaid Managed Care
- 4.2 Value Based Purchasing and/or Alternative Payment Models
- 4.3 Availability of other funding sources
- 4.4 Project Evaluation
- 4.5 Health Information Exchange (HIE)

- Project areas and project options remain unchanged.
- Reporting for the DY6A milestones should be done in the manner specified in the Program Funding and Mechanics (PFM) Protocol.
- This amendment does not apply to any of the DY5 carryforward milestones, which should be reported based on the milestones in the RHP Planning Protocol (initially approved or updated for 3-year projects).

Category 3

- Category 3 updates include a DY6 milestone structure for Category 3 measures, DY6 goal calculation, measurement period, partial payment calculation, stretch activities, and the listing of Population Focused Priority Measure (PFPM) Menu.

DSRIP Category 3 Milestones for DY6 (based on DYs 3 - 5 milestone structure)

Standard P4P Milestone Structure (baseline ending by 09/30/2014)			
Year	Milestone	Milestone Description	Payment
DY3	PM-8	Submission of Category 3 DY3 Status Report	50% of Cat 3 DY3 Value
	PM-9	Validation and submission of baseline performance	50% of Cat 3 DY3 Value
DY4	PM-10	Successful reporting to approved measure specifications	50% of Cat 3 DY4 Value
	AM-1.x*	Achievement of PY1 performance goal	50% of Cat 3 DY4 Value
DY5	AM-2.x*	Achievement of PY2 performance goal	100% of Cat 3 DY5 Value
DY6	AM-3.x*	Achievement of PY3 performance goal	100% of Cat 3 DY6 Value

Standard P4R w/ PFPM Milestone Structure (baseline ending by 09/30/2014)			
Year	Milestone	Milestone Description	Payment
DY3	PM-8	Submission of Category 3 DY3 Status Report	50% of Cat 3 DY3 Value
	PM-9	Validation and submission of baseline performance	50% of Cat 3 DY3 Value
DY4	PM-10	Successful reporting to approved measure specifications	100% of Cat 3 DY4 Value
DY5	PM-10	Successful reporting to approved measure specifications	50% of Cat 3 DY5 Value
	AM-3.x*	Achievement of DY5 PFPM Goal	50% of Cat 3 DY5 Value
DY6	AM-3.x*	Achievement of DY6 PFPM Goal	100% of Cat 3 DY6 Value

Standard P4R w/ Stretch Activity Milestone Structure (baseline ending by 09/30/2014)			
Year	Milestone	Milestone Description	Payment
DY3	PM-8	Submission of Category 3 DY3 Status Report	50% of Cat 3 DY3 Value
	PM-9	Validation and submission of baseline performance	50% of Cat 3 DY3 Value
DY4	PM-10	Successful reporting to approved measure specifications	100% of Cat 3 DY4 Value
DY5	PM-10	Successful reporting to approved measure specifications	50% of Cat 3 DY5 Value
	PM-11	Successful Achievement of Stretch Activity	50% of Cat 3 DY5 Value
DY6	PM-10	Successful reporting to approved measure specifications	50% of Cat 3 DY6 Value

	PM-11	Successful Achievement of Stretch Activity	50% of Cat 3 DY6 Value
	<i>or</i>		
	AM-3.x*	Achievement of DY6 PFPM PY3 Goal	100% of Cat 3 DY6 Value

Standard Maintenance w/ PFPM Milestone Structure (baseline ending by 09/30/2014)			
Year	Milestone	Milestone Description	Payment
DY3	PM-8	<i>Submission of Category 3 DY3 Status Report</i>	<i>50% of Cat 3 DY3 Value</i>
	PM-9	<i>Validation and submission of baseline performance</i>	<i>50% of Cat 3 DY3 Value</i>
DY4	PM-10	<i>Successful reporting to approved measure specifications</i>	<i>50% of Cat 3 DY4 Value</i>
	PM-12	<i>Maintain Baseline High Performance Level</i>	<i>50% of Cat 3 DY4 Value</i>
DY5	PM-12	<i>Maintain Baseline High Performance Level</i>	<i>50% of Cat 3 DY5 Value</i>
	AM-3.x*	<i>Achievement of DY5 PFPM Goal</i>	<i>50% of Cat 3 DY5 Value</i>
DY6	AM-3.x*	<i>Achievement of DY6 PFPM Goal</i>	<i>100% of Cat 3 DY6 Value</i>

Standard Maintenance w/ Stretch Activity Milestone Structure (baseline ending by 09/30/2014)			
Year	Milestone	Milestone Description	Payment
DY3	PM-8	<i>Submission of Category 3 DY3 Status Report</i>	<i>50% of Cat 3 DY3 Value</i>
	PM-9	<i>Validation and submission of baseline performance</i>	<i>50% of Cat 3 DY3 Value</i>
DY4	PM-10	<i>Successful reporting to approved measure specifications</i>	<i>50% of Cat 3 DY4 Value</i>
	PM-12	<i>Maintain Baseline High Performance Level</i>	<i>50% of Cat 3 DY4 Value</i>
DY5	PM-12	<i>Maintain Baseline High Performance Level</i>	<i>50% of Cat 3 DY5 Value</i>
	PM-11	<i>Successful Achievement of Stretch Activity</i>	<i>50% of Cat 3 DY5 Value</i>
DY6	PM-12	<i>Maintain Baseline High Performance Level</i>	<i>100% of Cat 3 DY6 Value</i>

DY4 Baseline P4P Milestone Structure (baseline established with DY4 data)			
Year	Milestone	Milestone Description	Payment
DY3	PM-8	<i>Submission of Category 3 DY3 Status Report</i>	<i>50% of Cat 3 DY3 Value</i>
	PM-9	<i>Validation and submission of baseline performance (functions as a status update)</i>	<i>50% of Cat 3 DY3 Value</i>
DY4	PM-10	<i>Successful reporting to approved measure specifications (functions as a final baseline)</i>	<i>100% of Cat 3 DY4 Value</i>
DY5	AM-2.x*	<i>Achievement of PY2 performance goal</i>	<i>100% of Cat 3 DY5 Value</i>
DY6	AM-3.x*	<i>Achievement of PY3 performance goal</i>	<i>100% of Cat 3 DY6 Value</i>

DY4 Baseline P4R w/ Stretch Activity Milestone Structure (baseline established with DY4 data)

Year	Milestone	Milestone Description	Payment
DY3	PM-8	Submission of Category 3 DY3 Status Report	50% of Cat 3 DY3 Value
	PM-9	Validation and submission of baseline performance (functions as a status update)	50% of Cat 3 DY3 Value
DY4	PM-10	Successful reporting to approved measure specifications (functions as a final baseline)	100% of Cat 3 DY4 Value
DY5	PM-10	Successful reporting to approved measure specifications	50% of Cat 3 DY5 Value
	PM-11	Successful Achievement of Stretch Activity	50% of Cat 3 DY5 Value
DY6	PM-10	Successful reporting to approved measure specifications	50% of Cat 3 DY6 Value
	PM-11	Successful Achievement of Stretch Activity	50% of Cat 3 DY6 Value
	or		
	AM-3.x*	Achievement of DY6 PFPM Goal	100% of Cat 3 DY6 Value

DY4 Baseline P4R w/ PFPM Milestone Structure (baseline established with DY4 data)

Year	Milestone	Milestone Description	Payment
DY3	PM-8	Submission of Category 3 DY3 Status Report	50% of Cat 3 DY3 Value
	PM-9	Validation and submission of baseline performance (functions as a status update)	50% of Cat 3 DY3 Value
DY4	PM-10	Successful reporting to approved measure specifications (functions as a final baseline)	100% of Cat 3 DY4 Value
DY5	PM-10	Successful reporting to approved measure specifications	50% of Cat 3 DY5 Value
	AM-3.x	Achievement of DY5 PFPM Goal	50% of Cat 3 DY5 Value
DY6	AM-3.x	Achievement of DY6 PFPM Goal	100% of Cat 3 DY6 Value

DY4 Baseline Maintenance w/ Stretch Activity Milestone Structure (baseline established with DY4 data)

Year	Milestone	Milestone Description	Payment
DY3	PM-8	Submission of Category 3 DY3 Status Report	50% of Cat 3 DY3 Value
	PM-9	Validation and submission of baseline performance (functions as status update)	50% of Cat 3 DY3 Value
DY4	PM-10	Successful reporting to approved measure specifications (functions as final baseline)	100% of Cat 3 DY4 Value
DY5	PM-12	Maintain Baseline High Performance Level	50% of Cat 3 DY5 Value
	PM-11	Successful Achievement of Stretch Activity	50% of Cat 3 DY5 Value
DY6	PM-12	Maintain Baseline High Performance Level	100% of Cat 3 DY6 Value

DY6 goal calculations

The following goal calculations apply to Category 3 outcomes and PFPM outcomes in DY6. P4P outcomes approved to use a standard baseline, outcomes approved to use a DY4 baseline, and PFPM outcomes will all use the same goal calculations to determine goals for DY6 milestone AM-3.x.

PY3 QISMC Goal Setting for Category 3 P4P Outcomes		
Direction	Baseline	PY3 Goal
Positive	Below the MPL	$MPL + .15*(HPL - MPL)$
	Between the MPL & HPL	the greater of: baseline + $.25*(HPL - \text{baseline})$; or baseline + $.10*(HPL - MPL)$ †
	Above the HPL	the lesser of: baseline + $.125*(1-\text{baseline})$; or baseline + $.10*(HPL - MPL)$ †
Negative	Above the MPL	$MPL - .15*(MPL - HPL)$
	Between the MPL & HPL	the lesser of: baseline - $.25*(\text{baseline} - HPL)$; or baseline - $.10*(MPL - HPL)$ †
	Below the HPL	the greater of: baseline - $.125*(\text{baseline})$; or baseline - $.10*(MPL - HPL)$ †
† Goal set using the improvement floor		

PY3 IOS Goal Setting for Category 3 P4P Outcomes	
Direction	PY3 Goal
Positive	baseline + $.125*(\text{perfect} - \text{baseline})$
Negative	baseline - $.125*(\text{baseline})$

PY3 IOS - Survey Goal Setting for Category 3 P4P Outcomes		
Direction	Reporting Scenario	PY3 Goal
Positive	Scenario 1	Posttest baseline + $.125*(\text{posttest baseline} - \text{pretest baseline})$
	Scenario 2 & Scenario 3	Baseline + $.125*(\text{max score} - \text{baseline})$
Negative	Scenario 1	Posttest baseline - $.125*(\text{pretest baseline} - \text{posttest baseline})$
	Scenario 2 & Scenario 3	Baseline - $.125*(\text{baseline} - \text{min score})$

Alternate Achievement Requests

If an outcome has an HHSC approved alternate achievement request in DY5, the performer must submit to HHSC, by a date determined by HHSC in a form determined by HHSC, a request to use a PY3 goal that is a continuation of the goals approved in DYs 4-5. Such requests will be approved by HHSC on a case-by-case basis.

If an outcome, including a PFPM outcome, is designated as QISMC in DY5, with a baseline that is below the MPL, and the performer is measuring a population substantially dissimilar from the population used to establish the MPL benchmark, the performer may submit, by a date determined by HHSC in a form determined by HHSC, an alternate achievement request to set the PY3 goal as a 12.5 percent gap closure towards perfect over the baseline.

Measurement Periods

If a Category 3 outcome is designated as P4P or maintenance in DY5, performance year (PY) 3 is the 12-month period immediately following the PY2 approved for use in DYs 3-5, or a performer may request, by a date to be determined by HHSC, to use DY6A as PY3. PY4 is the 12-month period immediately following PY3. The selected PY3 is used to report achievement of DY6 milestones AM-3.x and PM-12, and PY4 is used to report any partial achievement carried forward from DY6 milestone AM-3.x.

If a Category 3 outcome is designated as P4R in DY5, PY3 is the 12-month period immediately following the PY2 approved for use in DYs 3-5, and is used for reporting achievement of DY6 milestone PM-10.

Partial Payment Calculations

Partial payment for a Category 3 P4P outcome is available in quartiles as defined in the RHP Planning Protocol, measured between the outcome's PY1 goal and PY3 goal.

Each Category 3 P4P outcome has an associated achievement milestone that is assigned an achievement value based on the performer's achievement of the outcome's goal as follows:

- if 100 percent of the goal is achieved, the achievement milestone is assigned an achievement value of 1.0;
- if at least 75 percent of the goal is achieved, the achievement milestone is assigned an achievement value of 0.75;
- if at least 50 percent of the goal is achieved, the achievement milestone is assigned an achievement value of 0.5;
- if at least 25 percent of the goal is achieved, the achievement milestone is assigned an achievement value of 0.25; or
- if less than 25 percent of the goal is achieved, the achievement milestone is assigned an achievement value of 0.

The percent of the goal achieved for DY6 milestones AM-3.x is determined as follows:

<u>Percent of Goal Achieved for Category 3 P4P Outcomes</u>			
<u>PY</u>	<u>Milestone</u>	<u>Positive Direction (higher rates indicate improvement)</u>	<u>Negative Direction (lower rates indicate improvement)</u>
<u>PY3</u>	<u>DY6A AM-3.x</u>	<u>(PY3 achieved - PY1 goal or equivalent)/(PY3 goal - PY1 goal or equivalent)</u>	<u>(PY1 goal or equivalent - PY3 achieved)/(PY1 goal or equivalent - PY3 goal)</u>
<u>PY4</u>	<u>Carry forward of DY6A AM-3.x</u>	<u>(PY4 achieved - PY1 goal or equivalent)/(PY3 goal - PY1 goal or equivalent)</u>	<u>(PY1 goal or equivalent - PY4 achieved)/(PY1 goal or equivalent - PY3 goal)</u>

PY1 Equivalent Goals

For P4P outcomes where there is no PY1 goal or where the PY3 goal is set using a different methodology than used to determine the PY1 goal, partial payment will be measured as the percent of goal achieved between PY3 goal and a PY1 equivalent goal, as defined below.

If a category 3 outcome is approved to use a baseline established in DY4 and does not have a DY4 achievement milestone, partial payment will be measured over a PY1 equivalent goal. For PFPM outcomes, partial payment will be measured over a PY1 equivalent goal. The PY1 equivalent goal for category 3 outcomes without and DY4 achievement milestone and for PFPM outcomes will follow the QISMC or IOS goal calculations for PY1 as approved in the RHP Planning Protocol.

If a QISMC outcome has a PY3 goal that was determined using the improvement floor, partial payment will be measured over the PY1 equivalent goal. If a higher rate indicates improvement for the outcome, the PY1 equivalent goal is the baseline plus 40 percent of the improvement floor. If a lower rate indicates improvement for the outcome, the PY1 equivalent goal is the baseline minus 40 percent of the improvement floor.

If an IOS - Survey outcome is using reporting scenario 2 or reporting scenario 3, partial payment will be over the PY1 equivalent goal. If a higher rate indicates improvement for the outcome, the PY1 equivalent goal is the baseline plus a five percent gap closure towards the maximum score. If a lower rate indicates improvement for the outcome, the PY1 equivalent goal is the baseline minus a five percent gap closure towards the minimum score.

DY6 Stretch Activities

If a Category 3 outcome is designated as P4R with an associated stretch activity in DY5, the Performing Provider must choose one of the following options by a date determined by HHSC in a form determined by HHSC:

- A. The Performing Provider may maintain the Category 3 outcome designated as P4R from DY5 and select a new stretch activity that does not duplicate the DY5 stretch activity; or
- B. The Performing Provider may select a PFPM to replace the Category 3 outcome designated as P4R. If a Performing Provider chooses this option, 100 percent of the Category 3 outcome's value is P4P of the newly selected PFPM.

If the Performing Provider chooses option A, the Performing Provider must select a stretch activity from the following:

- a) Program evaluation (SA-3: Alternate approaches to program and outcome linkages).
- b) New participation in Health Information Exchange (HIE), or improvement of existing HIE structure.
- c) Cost analysis and value-based purchasing planning

DY6 Category 3 Stretch Activities	
Activity	Description
SA-3 Program Evaluation	Submission of a report evaluating one or more aspects of the project intervention and its outcomes. The program evaluation may include a quantitative and/or qualitative analysis of the project. Providers have discretion in determining the components and framework of the program evaluation. The end product/output should be beneficial and useful to the provider. Providers will submit the final program evaluation along with a one-page HHSC coversheet that includes fields for providers to input provider/project information and respond to qualitative questions related to the program evaluation.
SA-7 New Participation or Improvement in Health Information Exchange	<p>Demonstration of new participation in a community-based HIE program (such as the Local HIE Program or the Texas White Space Program), or demonstration of improvements or enhancements in the use of health information exchanges (HIE). Providers will submit a report detailing one or more of the following:</p> <ul style="list-style-type: none"> ○ Participation activities ○ Partnerships developed (i.e. treating physicians, hospitals, healthcare payers, and other health care providers involved in the care of the patient and exchange of health-related information) ○ The impact to the provider's data infrastructure and the usefulness of data ○ System improvements (specifically how involvement improved data infrastructure and reporting capabilities)

	<ul style="list-style-type: none"> ○ The number of times a portion (such as medication history) or all of a patient's health record was either received or transmitted by a practice for the purpose of care (this could include pre and post HIE-participation or improvement) ○ Detailed plans for further enhancement <p>For additional details on HIE, please visit the following websites: http://www.hietexas.org http://linktexas.healthcare/</p>
SA-9 Cost-Benefit analysis of Project to move towards Value-based purchasing plan	Submission of cost-benefit analysis (CBA) or return-on-investment analysis of the project. Costs could include, but would not be limited to, costs associated with ongoing overhead needs, staff/labor, supplies and equipment costs. Savings/benefits could include, but would not be limited to, reduced utilization of healthcare services and improved health outcomes. The CBA or ROI would function as a way to demonstrate that a project is a worthwhile investment to payors (MCOs, community, health systems etc...) to include as a value-based service.

Population Focused Priority Measure Menu

Final Selection PFP ID	PFP Measure Description	Related Cat 3 Outcome	Related Cat 3 Outcome Title	Methodology
PPR.1	Risk Adjusted CHF PPR	IT-3.3	Risk Adjusted Congestive Heart Failure (CHF) 30-day Readmission Rate	IOS
PPR.2	Risk Adjusted DM PPR	IT-3.5	Risk Adjusted Diabetes 30-day Readmission Rate	IOS
PPR.3	Risk Adjusted BH/SA PPR	IT-3.15	Risk Adjusted Behavioral Health /Substance Abuse 30-day Readmission Rate	IOS
PPR.4	Risk Adjusted Pediatric Asthma PPR	IT-3.21	Risk Adjusted Pediatric Asthma 30-day Readmission Rate	IOS
PPR.5	Risk Adjusted Chronic Obstructive Pulmonary Disease Related PPR	IT-3.17	Risk Adjusted Chronic Obstructive Pulmonary Disease (COPD) 30-day Readmission Rate	IOS
PPR.6	Risk Adjusted Cerebrovascular Accident (Stroke) Related PPR	IT-3.13	Risk Adjusted Stroke (CVA) 30-day Readmission Rate	IOS
PPR.7	Risk Adjusted Acute Myocardial Infarction (AMI) Related PPRs	IT-3.9	Risk Adjusted Acute Myocardial Infarction (AMI) 30-day Readmission Rate	IOS
PPR.8	Risk Adjusted Angina and Coronary Artery Disease related PPR	IT-3.11	Risk Adjusted Coronary Artery Disease (CAD) 30-day Readmission Rate	IOS
PPR.10	Risk Adjusted Renal Failure Related PPR	IT-3.7	Risk Adjusted Renal Disease 30-day Readmission Rate	IOS
PPR.12	Risk Adjusted All Cause PPR	IT-3.22	Risk Adjusted All-Cause Readmission	IOS
CMHC.1	Follow-up after hospitalization for mental illness	IT-1.18	Follow-Up After Hospitalization for Mental Illness	QISMC
CMHC.2	Follow-up care for children prescribed ADHD medication	IT-11.6	Follow-up Care for Children Prescribed ADHD Medication (ADD)	QISMC
CMHC.3	Antidepressant Medication Management - Effective Acute Phase Treatment	IT-1.19	Antidepressant Medication Management	QISMC
CMHC.4	Depression Remission at 12-months	IT-1.9	Depression management: Depression Remission at Twelve Months	IOS
CMHC.5	Adherence to Antipsychotic Medications	IT-11.5	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	IOS
CMHC.6	Depression Management: Screening and Treatment Plan for Clinical Depression	IT-1.8	Depression management: Screening and Treatment Plan for Clinical Depression	IOS
PP.1	Medication Management for People with Asthma	IT-1.31	Medication Management for People with Asthma (MMA)	IOS
PP.2	Follow-up Care for Children Prescribed ADHD Medication	IT-11.6	Follow-up Care for Children Prescribed ADHD Medication (ADD)	QISMC
PP.4	Heart Failure Admission Rate	IT-2.2	Risk Adjusted Congestive Heart Failure (CHF) Admission rate	IOS
PP.6	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	IT-1.29	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	QISMC

PP.7	Adult Body Mass Index (BMI) Assessment	IT-1.21	Adult Body Mass Index (BMI) Assessment	QISMC
PP.8	Immunization Status for Adolescents	IT-12.8	Immunization for Adolescents-Tdap/TD and MCV	QISMC
PP.9	Prenatal and Postnatal Care	IT-8.1	Timeliness of Prenatal/Postnatal Care	QISMC
PP.10	Live Births Weighing Less than 2,500 grams	IT-8.2	Percentage of Low Birth- weight births	IOS
PP.11	Cesarean Rate for Nulliparous Singleton Vertex	IT-8.6	Cesarean Rate for Nulliparous Singleton Vertex	IOS
PP.12	Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-related Emergency Room Visits	IT-9.4.h	Pediatric/Young Adult Asthma Emergency Department Visits	IOS

Note: Providers can select to report on a Potentially Preventable Admission rate for all-causes or for a specific diagnosis with prior approval from HHSC.

Selecting a new PFPM to replace a P4R outcome and Stretch Activity and Establishing a Baseline

Providers who are newly selecting a PFPM in DY6 must select one of the above PFPM outcomes and report a baseline by a date determined by HHSC in a form determined by HHSC.

PFPM Measurement Periods

For providers with a newly selected PFPM in DY6, the baseline should be a 12-month measurement period aligned with either DY4 (ending by 9/30/2014) or DY5 (ending by 9/30/2016), with some exceptions to be confirmed with HHSC prior to reporting a PFPM baseline. For these providers, the first opportunity to report performance of the PFPM will be called performance year (PY) 3, to align with other Category 3 outcomes. PY3 will be DY6 (10/1/2016 to 9/30/2017), and PY4 will be the 12 months following PY3. PY3 is used to report achievement of DY6 milestone AM-3.x., and PY4 is used to report any partial achievement carried forward from DY6 milestone AM-3.x

Example: if a provider with a newly selected PFPM in DY6 reports a baseline with a measurement period of 10/1/2014 to 9/30/2015, their PY3 measurement period would be from 10/1/2016 to 9/30/2017.

Example of PFPM Measurement Periods for newly selected PFPM	
Baseline (DY4)	10/1/2014 to 9/30/2015
PY2/DY5 milestones	Not applicable
PY3/ DY6 milestones	10/1/2016 to 9/30/2017
PY4/DY7 milestones	10/1/2017 to 9/30/2018

The protocols related to goal calculations, partial payment calculations and alternate achievement requests that apply to Category 3 outcomes will also apply to PFPM outcomes in DY6.

Category 4 Population-focused Improvements

- Reporting on Optional Domain RD-6 is eliminated for DY6A. The following language is removed from the RHP Planning Protocol.

~~RD-6. (Optional Domain) Initial Core Set of Measures for Adults and Children in Medicaid/CHIP~~

~~Initial Core Set for Children in Medicaid/CHIP: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/ChildCoreMeasures.pdf>~~

~~Child Core Set Technical Specifications: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdf>~~

~~Initial Core Set for Adults in Medicaid: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/AdultCoreMeasures.pdf>~~

~~Adult Core Set Technical Specifications: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-Adult-Core-Set-Manual.pdf>~~

~~Measures designed for health plans and will require minor modifications of specifications for reporting by hospital providers.~~

~~Hospital providers will report measures appropriate to settings of care. Hospitals that provide inpatient services only are not required to report measures that are specific to ambulatory settings. Hospitals that have outpatient clinics are required to report measures appropriate to ambulatory care settings. HHSC and CMS will jointly agree on a minimum data set for inpatient and outpatient providers (Appendix G)~~