**Introduction**

The purpose of this document is to provide hospitals participating in the Hospital Transformation Performance Program (HTPP) with guidance on fulfilling reporting requirements for the baseline year (year 1) of the program. Year 1 covers the period October 1, 2013 – September 30, 2014.

OHA recognizes that because HTPP was launched in the middle of the baseline year (year 1), some hospitals may not have been tracking all measures for the entirety of the baseline year, or may not have been tracking with adherence to HTPP measure specifications. This document therefore provides instructions on reporting options for the measures, including the submission of partial year data or sampling if a full year of baseline data adhering to HTPP measure specifications is unavailable.

*Note that reporting options are measure-specific. Not all measures allow for the submission of partial year or sampled data; detail is included below. Also note that these reporting options only apply to the baseline year (Year 1) of the program.*

**Background**

As instructed in 2013 Oregon House Bill 2216, OHA established a financial pool, or ‘quality pool’ for Diagnosis-Related Group (DRG) hospitals. Quality pool payment is based on the performance on metrics recommended by the Hospital Performance Metrics Advisory Committee (appointed by the Director of OHA) and approved by the Centers for Medicare and Medicaid (CMS). A waiver amendment allows OHA to establish this two year hospital incentive program.

OHA is partnering with the Oregon Association of Hospitals and Health Systems (OAHHS) on the program. OAHHS is providing technical assistance to hospitals, and creating a reporting platform to be used by hospitals in submitting data to OHA (detailed below).

HTPP funds will be distributed twice, with two measurement years. Year 1, the baseline year, covers the period October 1, 2013 – September 30, 2014. Year 2, the performance year, covers October 1, 2014 – September 30, 2015. While in Year 2 hospitals must meet either a benchmark or improvement target in order to receive an incentive payment, in Year 1 payment is for the submission of baseline data. These data will be used to calculate improvement targets and benchmarks that hospitals must meet in Year 2.

**Baseline (Year 1) Data Submission Parameters**

Baseline reporting options depend upon the individual measure; a full year of data adhering to HTPP measure specifications is required for some measures, while submission of partial year data is allowed for the other measures. Table 1 summarizes the requirements for each measure:

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1 Official HTPP measure specifications are available here: [http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx).
### Table 1. Summary of Baseline Reporting Options

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reporting Options</th>
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</thead>
<tbody>
<tr>
<td>• Follow-up after hospitalization for mental illness</td>
<td>Full-year of data adhering to HTPP measure specifications required</td>
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<tr>
<td>• Readmissions</td>
<td></td>
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<tr>
<td>• HCAHPS – explain medications</td>
<td></td>
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<tr>
<td>• HCAHPS – discharge instructions</td>
<td></td>
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<tr>
<td>• Screening, brief intervention, and referral to treatment (SBIRT)</td>
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<tr>
<td>• Hypoglycemia with insulin</td>
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<tr>
<td>• Anticoagulation with Warfarin</td>
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<td>• ADEs with opioids</td>
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<td>• CLABSI</td>
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<td>• CAUTI</td>
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<td>• EDIE</td>
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<tr>
<td>• EDIE</td>
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</tbody>
</table>

### Tiered Reporting Options

A full year of baseline data adhering to HTPP measure specifications is required for readmissions, both HCAHPS measures, and follow-up after hospitalization for mental illness. For the remaining measures, however, OHA is allowing partial year data and sampling in instances in which a hospital is not able to produce the measure for the entirety of the baseline year (e.g., because the hospital didn’t begin tracking until mid-year, etc.). There are also instances in which a hospital’s performance in the first quarter of the performance year (Year 2, October 1, 2014 – December 31, 2014) will be counted as the hospital’s baseline year submission and used to calculate the hospital’s improvement target.

Hospitals should use the decision tree below to guide the type of data that should be submitted for Year 1. **Note that full-year data must be reported for readmissions, both HCAHPS measures, and follow-up after hospitalization for mental illness (calculated by OHA).**

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2 Note OHA calculates the follow-up after hospitalization for mental illness measure. OHA will work with hospitals to validate these date. A schedule with more detailed information on this measure is here: [http://www.oregon.gov/oha/HospitalData/Timeline%20-%20Detailed%20Table.pdf](http://www.oregon.gov/oha/HospitalData/Timeline%20-%20Detailed%20Table.pdf).
Decision Chart

Does hospital have the full baseline year data adhering to HTPP measure specifications?

Yes

Option 1: Submit all data for baseline

No

Does the hospital have partial baseline year data adhering to HTPP measure specifications for at least 30 consecutive days in the baseline period?

Yes

Is the hospital’s partial year data for the baseline period in EHR or easily extractable by chart review or another method?

Yes

Option 2a: Submit all data for baseline year from point hospital began tracking with adherence to HTPP specifications (must be a minimum of 30 consecutive days).

No

Option 2b: Hospital may submit a sample at 95% confidence level with 10% margin of error.

No

Option 3: Hospital may submit data from the first quarter of the performance year as baseline submission (October 1, 2014 – January 15, 2015, December 31, 2014)
Details on the sequence of options from the decision chart are below. **Note this is a sequence of options based on data availability, not on the hospital’s preference. Option 1 must be chosen if data are available; likewise, a hospital must choose option 2 instead of option 3 if data are available. Hospitals will be required to attest to why they are not able to provide a full year of data.**

**Option 1:** Submit full baseline year data adhering to HTPP measure specifications. This is required for both HCAHPS measures, the readmissions measure, and the follow-up after hospitalization for mental illness measure (which is calculated by OHA – hospitals do not calculate or report this measure directly).

- This option must be chosen if the hospital has data available for the entire baseline year (year 1).

**Option 2:** Submit partial baseline year data adhering to HTPP measure specifications. This must cover at least 30 consecutive days in the baseline period. If data adhering to HTPP measure specifications are not available for the entire baseline year (i.e., because the hospital didn’t begin tracking until mid-year, etc.), the hospital may submit partial year data for baseline period as below:

**Option 2a:** If the hospital’s partial year data for the baseline period are in the EHR or easily extractable via chart review or another method, the hospital must submit all data for the partial year period.

- All records covering the entire period from the point the hospital began tracking with adherence to HTPP measure specifications must be reported.

**Option 2b:** If the hospital’s partial year data for the baseline period are NOT in the EHR or easily extractable via chart review or another method, the hospital may submit a sample.

- Any hospital submitting a sample will be required to providing information on why extracting all of the tracked data would place an undue hardship on the hospital.
- The population size from which the sample is drawn must be reported.
- The sample must be representative of all cases during the entire period from the point the hospital began tracking with adherence to HTPP measure specifications.
- The sample must be a random sample at the 95% confidence level with a 10% margin of error.
- Hospitals will be required to provide details on the sampling methodology employed. Required sample sizes are in Table 2:
If the population size falls between two categories in Table 2, the smaller required sample size should be used (e.g., if the population size is 40, a sample size of 24 is sufficient).

**Option 3: Use data from the first part quarter of the performance year (October 1, 2014 – January 15, 2015 December 31, 2014).**

- This option may only be used if a hospital does not have 30 consecutive days of data from the baseline period which adhere to HTPP measure specifications.
- The OAHHS reporting platform will include a place for hospitals to indicate that they want to use data from the first part quarter of the performance year as their official baseline submission.
- The hospital will receive credit for submitting data for the baseline year (Year 1) so long as at least 30 consecutive days of data from the first part quarter of the performance year are entered into the OAHHS reporting platform by January 23, 2015 January 16, 2015.
- Note, however, that all data entered for the period quarter ending January 15, 2015 December 31, 2014 will be used in calculating the baseline. This must be a minimum of 30 consecutive days. OHA understands that the data entered for the first part quarter of the performance year might be incomplete due to a lag in reporting and the time needed to set up processes.
- Hospitals will have until January 23rd 16th to enter the minimum 30 consecutive days of data for the period ending January 15, 2015 quarter ending December 31, 2014. This allows OAHHS time to review and compile the data prior to official submission of baseline data to OHA on February 28, 2015.

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3 However, hospitals are reminded that a full year of baseline data will be required when the official performance year (Year 2) data are submitted to OHA in March 2016.
- Hospitals using this option will be required to provide information on why they are not able to submit data covering October 1, 2013 – September 30, 2014.

**Reporting Processes and Mechanisms**

Hospitals are responsible for tracking data for the majority of the HTPP measures. OAHHS will collect these data from hospitals and submit baseline and performance year data to OHA on behalf of hospitals. OAHHS is setting up a reporting platform specifically for this purpose. This will also allow hospitals, OAHHS, and OHA to track and report progress as required by the Centers for Medicare and Medicaid. The exception to this is the follow-up after hospitalization for mental illness measure. Unlike the other measures, this measure is calculated by OHA. OHA will calculate rates for this measure through encounters/claims and will validate the data directly with hospitals. See Appendix A, which breaks out reporting requirements and mechanisms for each individual measure.

**Review Process**

After baseline data are submitted in February 2015, OHA will review the data and calculate official baseline rates. OHA will also review the supplemental information provided by any hospitals unable to provide a full year of baseline data (i.e., methodology if sampling, why the hospital says it was unable to provide a full year of data, etc.). As needed, OHA will contact hospitals directly or through OAHHS with additional questions about data submitted as part of the program. Hospitals must be able to provide documentation of data submitted should it be requested.

**For More Information**

- Visit [http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx) for:
  - Measures and benchmarks table
  - Detailed timeline
  - Details on the improvement target methodology

- Visit [http://www.oregon.gov/oha/Pages/htpp.aspx](http://www.oregon.gov/oha/Pages/htpp.aspx) for information on the Hospital Performance Metrics Advisory Committee

- Visit [http://www.oahhs.org/hospital-transformation-performance-program](http://www.oahhs.org/hospital-transformation-performance-program) for more information on submitting data to OAHHS.

**For Questions Contact**

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503.569.3160
**Note that in the performance year (Year 2), a full year of data will be required**

<table>
<thead>
<tr>
<th>Hospital Measures</th>
<th>Baseline Year Reporting Options</th>
<th>Baseline Year Reporting Mechanism</th>
<th>Additional Notes</th>
</tr>
</thead>
</table>
| Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT) in the ED | 1. Full year  
2. Partial year   
   a. All partial year data   
   b. Representative sample  
3. First quarter of performance year | Hospitals→OAHHS→OHA  
• Hospitals track these data internally (via EHR, chart abstractions, or another manual process)  
• Hospitals enter data on OAHHS reporting platform  
• OAHHS officially submits these data to OHA on behalf of hospitals. |  

| Follow-up after hospitalization for mental illness (modified NQF 0576) | Full year of data required | OHA→Hospitals→OHA  
• OHA will pull discharges from administrative data  
• OHA will send the denominator information to hospitals for validation by January 15, 2015.  
• Hospitals respond to OHA with requested changes by February 28, 2015.  
• OHA calculates the official rates | • Some hospitals which are part of a larger system are not listed individually in OHA’s data; instead, just the system is reported.  
• As part of the validation process, such hospitals will be able to indicate which individual hospital owns the discharge.  
• The schedule for sharing information for this measure with hospitals can be found here: [http://www.oregon.gov/oha/HospitalData/Timeline%20-%20Detailed%20Table.pdf](http://www.oregon.gov/oha/HospitalData/Timeline%20-%20Detailed%20Table.pdf) |

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4 Note this is a sequence of options based on data availability, not on the hospital’s preference. Option 1 must be chosen if data are available; likewise, a hospital must choose option 2 instead of option 3 if data are available. Hospitals will be required to attest to why they are not able to provide a full year of data.
<table>
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<th>Baseline Year Reporting Mechanism</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-Wide All-Cause Readmissions</td>
<td>Full year of data required</td>
<td>Hospitals→COMPDATA/INFOH→OAHHS→OHA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospitals currently report inpatient discharges on a quarterly basis (to COMDATA [now] and INFOH [starting in Q4 2014])</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• OAHHS will pull data from COMPDATA/INFOH to gather numerator, denominator, and calculate rates</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• OAHHS officially submits these data to OHA on behalf of hospitals</td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia in inpatients receiving insulin</td>
<td>1. Full year</td>
<td>Hospitals→OAHHS→OHA</td>
<td></td>
</tr>
<tr>
<td>(American Society of Health Systems Pharmacist Safe</td>
<td>2. Partial year</td>
<td>• Hospitals track these data internally (via EHR, chart abstractions, or another manual process)</td>
<td></td>
</tr>
<tr>
<td>Use of Insulin measure)</td>
<td>a. All partial year data</td>
<td>• Hospitals enter data on OAHHS reporting platform</td>
<td></td>
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<tr>
<td></td>
<td>b. Representative sample</td>
<td>• OAHHS officially submits these data to OHA on behalf of hospitals</td>
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<tr>
<td></td>
<td>3. First part quarter of</td>
<td></td>
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<tr>
<td></td>
<td>performance year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive anticoagulation with Warfarin</td>
<td>1. Full year</td>
<td>Hospitals→OAHHS→OHA</td>
<td></td>
</tr>
<tr>
<td>(Institute for Safe Medication Practices measure)</td>
<td>2. Partial year</td>
<td>• Hospitals track these data internally (via EHR, chart abstractions, or another manual process)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. All partial year data</td>
<td>• Hospitals enter data on OAHHS reporting platform</td>
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<td></td>
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</tr>
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<td>3. First part quarter of</td>
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<td>performance year</td>
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<td>Baseline Year Reporting Options</td>
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<td>Additional Notes</td>
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</tbody>
</table>
| Adverse Drug Events due to opioids (Institute for Safe Medication Practices measure) | 1. Full year  
2. Partial year  
a. All partial year data  
b. Representative sample  
3. First quarter of performance year | Hospitals → OAHHS → OHA  
- Hospitals track these data internally (via EHR, chart abstractions, or another manual process)  
- Hospitals enter data on OAHHS reporting platform  
- OAHHS officially submits these data to OHA on behalf of hospitals |                                                                                                                                                  |
| HCAHPS, Staff always explained medicines (NQF 0166) | Full year of data required | Hospitals → OAHHS → OHA  
- Hospitals survey patients  
- Hospitals enter survey data on OAHHS reporting platform  
- OAHHS officially submits these data to OHA on behalf of hospitals |                                                                                                                                                  |
| HCAHPS, Staff gave patient discharge information (NQF 0166) | Full year of data required | Hospitals → OAHHS → OHA  
- Hospitals survey patients  
- Hospitals enter survey data on OAHHS reporting platform  
- OAHHS officially submits these data to OHA on behalf of hospitals |                                                                                                                                                  |

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5 Note that the Child HCAHPS survey is under development. Therefore, Shriner’s Hospital for Children is unable to field an HCAHPS survey. Instead, it uses the Press Ganey Inpatient Pediatric Survey. Shriner’s performance on staff providing discharge information is therefore assessed against a similar question included in the Press Ganey Inpatient Pediatric Survey. The Press Ganey survey does not have a question about staff explaining medications, so Shriner’s is not eligible for the HCAHPS staff explaining medication measure.
| Hospital Measures                        | Baseline Year Reporting Options | Baseline Year Reporting Mechanism                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Additional Notes                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CLABSI in all tracked units (modified NQF 0139) | 1. Full year 2. Partial year   a. All partial year data b. Representative sample 3. First part quarter of performance year                                                                 | Hospitals ➔ CDC/NHSN ➔ OAHHS ➔ OHA  • Hospitals report data to CDC/NHSN  • Hospitals confer rights to OAHHS to access NHSN data  • OAHHS will gather these data and make official hospital submission to OHA | • OAHHS will be able to access both full-year and partial year data directly from NHSN.  • However, if the hospital has not submitted data adhering to HTPP measure specifications to NHSN (i.e., the hospital must conduct chart review and/or sample), then the hospital must submit these data directly into the OAHHS reporting platform.  • If a hospital must sample for CLABSI, the population size used to calculate the sample size should be based on the number of central line days. |
| CAUTI in all tracked units (modified NQF 0754) | 1. Full year 2. Partial year   a. All partial year data b. Representative sample 3. First part quarter of performance year                                                                 | Hospitals ➔ CDC/NHSN ➔ OAHHS ➔ OHA  • Hospitals report data to CDC/NHSN  • Hospitals confer rights to OAHHS to access NHSN data  • OAHHS will gather these data and make official hospital submission to OHA | • OAHHS will be able to access both full-year and partial year data directly from NHSN.  • However, if the hospital has not submitted data adhering to HTPP measure specifications to NHSN (i.e., the hospital must conduct chart review and/or sample), then the hospital must submit these data directly into the OAHHS reporting platform.  • If a hospital samples for CAUTI, the population size used to calculate the sample size should be based on the number of catheter days. |
### Hospital Measures

All reported data must adhere to HTPP measure specifications

### Baseline Year Reporting Options

1. Full year
2. Partial year
   a. All partial year data
   b. Representative sample
3. First quarter of performance year

### Baseline Year Reporting Mechanism

- Hospitals \(\rightarrow\) EDIE \(\rightarrow\) OAHHS \(\rightarrow\) OHA
- Hospitals enter notifications to primary care and care guidelines in EDIE
- OAHHS accesses the data via EDIE
- OAHHS officially submits these data to OHA on behalf of hospitals

### Additional Notes

- All notifications to primary care will be captured in EDIE (via the direct link to come primary care providers, or via the tick box that hospitals can use should they contact primary care via some other method – email, fax, EHR, etc.).
- Hospitals may indeed contact primary care providers outside EDIE, but then need to add that information to the EDIE system.

### Version Control

- This document was updated on November 26, 2014. The time period to collect the data required under Option 3, “hospitals may submit data from the first quarter of the performance year as baseline submission (October 1, 2014 – December 31, 2014)” was extended by two weeks (from December 31, 2014 to January 15, 2015). This change allows hospitals an additional two weeks to collect 30 consecutive days of data. In addition, the deadline for when the data need to be entered into the reporting platform has been extended by a week (from January 16, 2015 to January 23, 2015).