

Category D Reporting Questions

October DY7

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Hospital Specific Reporting Questions

Potentially Preventable Events Reporting

Please note that questions in red font are new questions that providers will be responding to in DY7 and DY8. If providers are not utilizing EQRO data for the analysis of PPEs and use their own data instead, providers need to include responses based on their own data.

- **Potentially Preventable Admissions (PPAs)**

Average/High Volume Providers:

1. Does the currently documented number of PPAs represent an increase or decrease over the last reporting period? What factors have contributed to any increase or decrease?
2. How is this information used to inform any changes to your current processes and procedures?
3. How does this Medicaid only rate compare to PPAs rates for your broader population?
4. **If you are using your internal data to analyze PPAs, please use your internal data to describe your PPA trends. Please tell us how PPAs during this reporting period compare to PPA rates when your hospital reported last time.**

5. Do you have any Core Activities that can potentially impact your PPA rates? If yes, please list which ones.

Low Volume Providers (no reports received or reports contain flag for low volume):

1. Do you track PPA rates for your broader all-payer population? And if so, what trends are observed?
2. If PPAs are zero, is it because of a low Medicaid service volume or processes/procedures in place that are effectively addressing potentially preventable events amongst all patients served in your facility?
3. Describe any established processes/policies/procedures in place to identify and address PPAs in your facility.
4. Do you have any Core Activities that can potentially impact your PPA rates? If yes, please list which ones.

- **Potentially Preventable Readmissions (PPR)**

Average/High Volume Providers:

1. Does the currently documented number of PPRs represent an increase or decrease over the last reporting period? What factors have contributed to any increase or decrease?
2. How is this information used to inform any changes to your current processes and procedures?
3. How does this Medicaid only rate compare to PPRs rates for your broader population?
6. If you are using your internal data to analyze PPRs, please use your internal data to describe your PPR trends. Please tell us how PPRs during this reporting period compare to PPR rates when your hospital reported last time.
4. Do you have any Core Activities that can potentially impact your PPR rates? If yes, please list which ones.

Low Volume Providers (no reports received or reports contain flag for low volume):

1. Do you track PPR rates for your broader all-payer population? And if so, what trends are observed?
2. If PPRs are zero, is it because of a low Medicaid service volume or processes/procedures in place that are effectively addressing potentially preventable events amongst all patients served in your facility?
3. Describe any established processes/policies/procedures in place to identify and address PPRs in your facility.
4. Do you have any Core Activities that can potentially impact your PPR rates? If yes, please list which ones.

- **Potentially Preventable Complications (PPCs)**

Average/High Volume Providers:

1. Does the currently documented number of PPCs represent an increase or decrease over the last reporting period? What factors have contributed to any increase or decrease?
2. How is this information used to inform any changes to your current processes and procedures?
3. How does this Medicaid only rate compare to any recent data on medical/surgical complication rates for your broader population?
7. If you are using your internal data to analyze PPCs, please use your internal data to describe your PPC trends. Please tell us how PPCs during this reporting period compare to PPC rates when your hospital reported last time.
4. Do you have any Core Activities that can potentially impact your PPC rates? If yes, please list which ones.

Low Volume Providers (no reports received or reports contain flag for low volume):

1. Do you track medical/surgical complication rates for your broader all-payer population? And if so, what trends are observed?
2. If PPCs are zero, is it because of a low Medicaid service volume or processes/procedures in place that are effectively addressing potentially preventable events amongst all patients served in your facility?
3. Describe any established processes/policies/procedures in place to identify and address PPCs in your facility.
4. Do you have any Core Activities that can potentially impact your PPC rates? If yes, please list which ones.

- **Potentially Preventable ED Visits (PPVS)**

Average/High Volume Providers:

1. How is this information used to inform any changes to your current processes and procedures?
2. Describe any established processes/policies/procedures in place to identify and address PPVs in your facility.
3. How does this Medicaid only rate compare to any recent data on potentially preventable ED visits rates for your broader population?
4. If you are using your internal data to analyze PPVs, please use your internal data to describe your PPV trends. Please tell us how PPVs during this reporting period compare to PPC rates when your hospital reported last time.
5. Do you have any Core Activities that can potentially impact your PPV rates? If yes, please list which ones.

Low Volume Providers (no reports received or reports contain flag for low volume):

1. Do you track potentially preventable ED visits rates for your broader all-payer population? And if so, what trends are observed?

2. If PPVs are zero, is it because of a low Medicaid service volume or processes/procedures in place that are effectively addressing potentially preventable events amongst all patients served in your facility?
3. Describe any established processes/policies/procedures in place to identify and address PPVs in your facility.
4. Do you have any Core Activities that can potentially impact your PPV rates? If yes, please list which ones.

Patient Satisfaction Questions for Providers Utilizing HCAHPS

Percent of patients who reported that their doctors "Always" communicated well

Percent of patients who reported that their nurses "Always" communicated well

Percent of patients who reported that their pain was "Always" well controlled

Percent of patients who reported that staff "Always" explained about medicines before giving it to them

Percent of patients who reported that YES, they were given information about what to do during their recovery at home

Percent of patients who reported that their room and bathroom were "Always" clean

Percent of patients who reported that the area around their room was "Always" quiet at night

Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)

Percent of Patients who reported YES, they would definitely recommend the hospital

Patient Satisfaction Questions for Providers Utilizing Child CAHPS Hospital Survey

Communication Between You and Your Child's Doctors Dimension Average: Percent of parents who reported that their doctors "Always" communicated well

Communication Between You and Your Child's Nurses Dimension Average: Percent of parents who reported that their nurses "Always" communicated well

Paying Attention to Your Child's Pain Dimension Average: Percent of parents who reported that their children's pain was "Always" well controlled/addressed

Communication About Your Child's Medicines Dimension Average: Percent of parents who reported that staff "Always" collected information about the medicine taken by the a child and explained about medicines before prescribing or giving it to children

Preparing You and Your Child to Leave the Hospital Dimension Average: Percent of parents who reported that YES, definitely, they were given information about what to do during their recovery at home

Cleanliness of Hospital Room Percent of parents who reported that their room and bathroom were "Always" clean

Quietness of Hospital Room Percent of parents who reported that the area around their room was "Always" quiet at night

Overall Rating of Hospital Percent of parents who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)

Willingness to Recommend the Hospital Percent of parents who reported YES, they would definitely recommend the hospital

Please note that children's hospitals will also have an option to respond to questions from HCAHPS (optional reporting)

[Performing Providers in this Category](#)

Based on the approved RHP Plan update, the following providers will be responding to questions related to **Child CAHPS Hospital Survey**

RHP	TPI
3	139135109
4	132812205
7	186599001
9	138910807
15	291854201

[Hospitals with Other Type of Exemption](#)

During the RHP Plan Update, some providers requested exemption from the reporting results on Patient Satisfaction by utilizing HCAHPS and provided justification for such exemption. Based on HHSC approvals, 10 providers will be reporting on a tool different than HCAHPS. Since providers requested reporting on different tools, HHSC could not standardize the questions for all providers in one section. These providers will input up to 15 areas/questions that they will be reporting on in DY7 and DY8 and provide the percent result

that providers are tracking (top box responses). In DY8, these areas/questions will be already pre-populated for providers.

Performing Providers in this Category

Based on the approved RHP Plan update, the following providers will be able to report on the surveys and questions they are tracking and measuring:

RHP	TPI
4	136412710
6	112742503
6	133257904
7	307459301
8	183086102
10	021184901
12	136492909
13	020989201
13	121806703
13	130089906

Community Mental Health Centers Reporting

Centers will report on the data provided by HHSC and provide qualitative responses to the questions below using this data.

1. Effective Crisis Response

- a. What is your interpretation of your current rate? Is there a room for additional improvement?
- b. What are your current initiatives that are impacting this rate?
- c. What additional initiatives or activities are you planning to do that can impact this rate?
- d. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

2. Crisis Follow up

- a. What is your interpretation of your current rate? Is there a room for additional improvement?
- b. What are your current initiatives that are impacting this rate?
- c. What additional initiatives or activities are you planning to do that can impact this rate?
- d. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

3. Community Tenure (Adult and Child/Youth)

- a. What is your interpretation of your current rate? Is there a room for additional improvement?
- b. What are your current initiatives that are impacting this rate?
- c. What additional initiatives or activities are you planning to do that can impact this rate?
- d. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

4. Reduction in Juvenile Justice Involvement

- a. What is your interpretation of your current rate? Is there a room for additional improvement?
- b. What are your current initiatives that are impacting this rate?
- c. What additional initiatives or activities are you planning to do that can impact this rate?
- d. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

5. Adult Jail Diversion

- a. What is your interpretation of your current rate? Is there a room for additional improvement?
- b. What are your current initiative that are impacting this rate?
- c. What additional initiatives or activities are you planning to do that can impact this rate?
- d. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

HHSC will provide a regional summary with the Prevention Quality Indicators (PQIs) that are based on Medicaid-only data. Providers will submit qualitative responses to the questions below using regional data.

1. Diabetes Short-term Complications Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

2. Perforated Appendix Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

3. Diabetes Long-term Complications Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

4. Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

5. Hypertension Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

6. Heart Failure Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

7. Low Birth Weight Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

8. Dehydration Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

9. Bacterial Pneumonia Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

10. Urinary Tract Infection Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

11. Uncontrolled Diabetes Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates?
If yes, then please describe your participation in the collaboration.

12. Asthma in Younger Adults Admission Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?

c. Is there a regional collaboration or other multi-provider collaboration to impact these rates? If yes, then please describe your participation in the collaboration.

13. Lower-Extremity Amputation among Patients with Diabetes Rate

- a. As a physician practice, what are your current initiatives that are impacting this rate?
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates? If yes, then please describe your participation in the collaboration.

HHSC will also share regional data for Pediatric Quality Indicators (PDIs). Providers can include a description of the initiatives that have an impact on these rates. (Optional Reporting)

Local Health Departments Reporting

HHSC will provide a summary with regional statistics based on the selected areas from the Texas Behavioral Risk Factor Surveillance System (BRFSS). Providers will submit qualitative responses to the questions below using regional data

1. Time Since Routine Checkup

- a. What initiatives does your Local Health Department have in place that increase access to routine checkup?
- b. What additional initiatives or activities are you planning to do that can impact this rate?
- c. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

2. High Blood Pressure Status

- a. What initiatives does your Local Health Department have in place that help individuals identify high blood pressure, and manage the condition?
- b. What additional initiatives or activities are you planning to do that can impact this rate?
- c. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

3. Diabetes Status

- a. What initiatives does your Local Health Department have in place that help individuals determine if they have diabetes, and assist in managing this condition?
- b. What additional initiatives or activities are you planning to do that can impact this rate?
- c. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

4. Overweight or Obese

- a. What initiatives does your Local Health Department have in place that help individuals determine what their BMI is, and assist in reaching goals for healthy weight?
- b. What additional initiatives or activities are you planning to do that can impact this rate?
- c. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

5. Smoker Status

- a. What initiatives does your Local Health Department have in place that assist individuals in quitting smoking?
- b. What additional initiatives or activities are you planning to do that can impact this rate?
- c. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.

6. Selected Immunizations

- a. What initiatives does your Local Health Department have in place that assist individuals in getting
 - flu shots
 - pneumonia shot
 - tetanus shot
 - MMR
 - HPV vaccination
- b. What additional initiatives or activities are you planning to do that can impact these rates?
- c. Is there a regional collaboration or other multi-provider collaboration to impact these rates? If yes, then please describe your participation in the collaboration.

7. Prevention of Sexually Transmitted Diseases

- a. What initiatives does your Local Health Department have in place that assist individuals in receiving HIV?
- b. What additional initiatives or activities are you planning to do that can impact this rate?
- c. Is there a regional collaboration or other multi-provider collaboration to impact this rate? If yes, then please describe your participation in the collaboration.