HEALTH POLICY COMMISSION

CHART Phase 2: Measurement FAQs

Last updated August 12, 2016, Version 8

I. Data Submission

a) *Q:* Is there a standard template we should use to submit data?
A: Yes, the HPC has provided a template for data submission, developed and released to teams once the HPC has approved the Implementation Plan. If you have any questions, please contact your Program Officer.

b) *Q:* Can we submit a report generated from our reporting tool rather than the HPC submission template?
A: If your reporting tool can produce a report in an .xlsx, .xls, .xml, or .csv format, in the same format and with the same headings as the HPC's data submission template, you can feel free to submit that report. Note that the report must be structured in the same way, and you must follow the instructions tab in the data submission template. If you have any questions about whether your report will meet the HPC's requirements, contact your Program Officer.

c) *Q:* How and when do we submit the data?
A: Enter your data into the template provided by the HPC, and submit it monthly to hpc-chart@state.ma.us. Submit the first report within 30 days of the end of the month and within 21 days of the end of subsequent months. For example, a hospital that launched October 1 has its first data report due on November 30, and then subsequent reports are due December 21, January 21, etc.

d) *Q:* Which column should be use to report static values?
A: Report numerators and denominators as noted in your measurement specifications. If the measurement specification notes "N/A" in the denominator cell, leave the column blank in the data submission template. Not every measure has a denominator.

e) *Q:* In the submission template, when should we document N/A versus a zero versus leaving a cell blank?
A: Leave a cell blank for one or more of the following reasons: (1) your specifications note N/A in the denominator, (2) in Measures 33-35, the line does not apply to your program, (3) the measure is not required in your first submission to the HPC. Document 0 in two places: (1) for any utilization measures where the value is 0, (2) in Measures 33-35 where your service model has the mode, service type, or provider, but services in that mode, service type or by that provider were not provided in the month.

f) *Q:* Can we change columns in the submission template so that we can provide more detail about our measures to the HPC?
A: Do not edit any of the columns that are locked in the original submission template. Please include any detail you wish to share with the HPC in the notes column.

II. General Questions

a) *Q:* We began providing services before we formally launched. Should we report these to the HPC?

A: Some CHART teams began serving patients at their own expense prior to the launch date and the Measurement Period. These teams should only include activity *beginning on* the launch date for the purposes of data submitted to the HPC.

b) *Q:* What should I report for measures that say "calculate"?
A: Report the numerator and denominator (as applicable) for these measures. Do not report the calculation despite the label.

III. Specifications

a) *Q:* My Measure Specification Definitions were provided to me with ICD-9 codes. What ICD-10 codes should we use?
A: The ICD-10 Inclusion/Exclusion Criteria version 3 was released on November 3, 2015. This list is only for the purposes of CHART Phase 2 measurement, and is not intended to be used for billing or other purposes. We may issue updates to this list, as to the measure specs, if changes to the ICD classification system are issued, best practices emerge, or modifications to your program require it.

IV. Utilization Measures

a) *Q:* Are the readmissions, returns, and revisits reported for a different month than the discharges and ED visits in the same report?
A: For each report, the number of discharges and ED visits reported occurred in the previous month. Readmissions, ED revisits, and returns to any bed, however, are reported based on index events that occurred two months before. This accommodates the need for a 30-day run-out to report readmissions, revisits, and returns to any bed. When reporting rates, the numerator (readmissions) is from the current report while the denominator (discharges) is from the previous month's report.

b) Note: In some cases, hospitals have incorrectly reported the readmissions measure. It is not intended to count the number of admissions in a given month that happen to be readmissions. Instead, calculate the number of discharges in the previous month's report (the index discharges) and then count the number of those discharges that have a return within 30 days. The date of the return does not matter as long as it is within 30 days of an index discharge.

c) *Q:* What is the difference between an ED revisit and a return to ED?
A: An ED revisit occurs when a person discharged from the ED returns to the ED within 30 days; an ED return occurs when a patient is discharged from IN or OBS and returns to the ED within 30 days.

d) NEW Reutilization measures clarification:

1. All reutilization measures are computed in the following way, using 30-day ED revisits for the October 2015 measurement period as an example:
    - ED revisits describe whether a patient returned to the ED within 30 days
    - Denominator: All ED visits in October (October 1, 2015 – October 31, 2015)
    - Numerator: ED visits that occurred within 30 days of any ED visit in October; revisits are not limited to the denominator calendar month
    - Revisit rate: Numerator (October ED visits resulting in a revisit within 30 days) / Denominator (All ED visits in October)

2.

- The denominator is submitted to the HPC in the report due in November
- The numerator (and, therefore, the rate) is submitted to the HPC in the report due in December

For further information, please visit the CHART Resource Page for Reutilization Clarification [pdf].

e) *Q:* Isn't Measure c006 just the sum of Measure c004 and Measure c005?
A: No, because a patient could have both an IN and an OBS visit or visits, duplicate patients should be removed. This will also be the case when summing months to report patients for the program to date time period.

f) *Q:* Measure c028 has a note that says "For this measure only, exclude ED visits where the patient is admitted to IN or OBS." Does that mean for Measures c012-c026 ED visits should be INCLUDED when the patient is admitted to IN or OBS?
A: Yes, for all utilization measures except c028 ED count visits where the patient was admitted to IN or OBS.

g) *Q:* In measuring LOS for measures c023a-c024c, does the definition of *departure from ED* include departures to home, SNF, tertiary facility, and to inpatient admission?
A: Yes, please include all of these.

h) *Q:* Is there a typo in the ED boarding measure specifications c026a-c? There appears to be a discrepancy in the measure specifications: Behavioral Health patients in ED ≥ 12 hours and patients in the ED more than 2 hours after the decision to admit has been made.
A: Please use the following definition: Patients with a primary behavioral health diagnosis that remain in the ED for **12 or more hours from ED arrival to ED departure**, where departure is defined as an admission, transfer, or discharge.

i) *Q:* We need more information for measures c036, c037a, and c037b. What definition should we use for time enrolled in program?
A: The precise definitions should vary between CHART programs in order to fit with the service models. Some teams may find it helpful to measure time from first encounter to graduation (as defined by the program), time from first encounter until discharged from program, time from first service to 30 days post first service, or other time that makes sense for your program. This can be a topic of Technical Assistance.

j) *Q: For Emerson Hospital, Winchester Hospital, Addison Gilbert Hospital, Beverly Hospital, Berkshire Medical Center, and Baystate Wing Hospital only:* Should measure c012 include November index admissions instead of December?
A: New specifications have been issued to hospitals affected by this error. The ED visits in c012-T follow a discharge in which the patient is eligible for the Target Population, but the month in which the ED visit is counted depends on the ED visit date, not the inpatient discharge date.

V. Service Delivery Measures

a) *Q:* For measure c027, should we include only patients served by our CHART program?
A: No, include all eligible patients, including patients who refused or were not offered services despite being eligible for them.

b) *Q*: For measure c027, what patients should we include?

A: Patients who have an acute encounter that meets Target Population criteria and patients who have a CHART contact in the measurement period. For instance, a HU patient comes on the last day of Sept does not come back in Oct but receives CHART services in October, is counted as eligible patient both when reporting data for September and when reporting data for October.

c) Q: Are psychiatric facilities considered acute care hospitals?
A: For the purposes of utilization measures in CHART reporting, the HPC does not consider inpatient psychiatric facilities to be acute care hospitals. There is *one exception* to this. In Measures c028 and c029, exclude discharges to inpatient psych or inpatient detox. Then, these discharges will not be included in Measure c029, the number of encounters with a CHART service within 48 hours. It is important to note that these patients are still included in your target population, simply excluded Measures c028 and c029 only.

d) *Q*: For measure c028, what is an acute encounter?
A: An acute encounter refers to hospital utilization and not CHART services. Please refer to your measure specifications to know which utilization is included for your Award.

e) *Q:* For the performance monitoring measures (c028 and c029 for most teams), can we exclude patients discharged to SNF?
A: No, you cannot exclude these patients from these measures. Note that the standard exclusion of patients transferred to another acute hospital applies to these measures.

f) *Q:* When counting interventions for measure c029, should we include warm hand-offs?
A: No. While an important component of many services models, warm hand-offs will not count as interventions for the purpose of this measure. The only contacts that you should count are completed patient interactions (e.g. completed phone calls to the patient/family member/caregiver or an in-home visit between discharge and 48 hours post-discharge). If this is an important part of your service model please do include warm hand-offs in measures c033, c034, and c035.

g) Note: We would like to provide a clarification and modification for the numerator for the performance monitoring measure (c029). Moving forward, use the following definition: number of acute encounters with a CHART service provided after discharge and either (1) up to close of business two calendar days after the discharge or (2) within 48 hours, whichever comes later.

h) *Q:* For measure c030, is a "contact" the same as a unit?
A: Yes.

i) *Q:* For measures c030 and c031, one measure includes *for patients within one month*, the other for *any point in the program*. Is this an error?
A: No, this is not an error. For c030 (Total number of contacts for the target population), include the number of contacts the program had during a month's time and program to date. For c031 (Average number of contacts for patients served), include only program to date (where the numerator is measure c030).

j) *Q:* For every CHART service that we provide, do we need to count each of the following: A modality (c033), a service type (c034) and a provide type (c035)?
A: Yes. These measures do not need to add to the same number. For example, in one home visit you may have a nurse engaging in education and care coordination. This would count as one home visit, one nurse contact, and two types of services provided.

k) *Q:* Can we choose our own modalities, service types, and provider types for measures c033-c035, or should we use the categories provided by the HPC?
A: Not every CHART program includes every modality, service type, and provider listed in the measurement specs. Teams should report using the modalities provided by the HPC where applicable. With this method, as an example, the HPC can aggregate counts of services provided by pharmacists by summing measures c035k across hospitals. If you have additional modalities in your service model please add these in the "Other" fields. Additional categories after using the "Other" fields should include a measure number with the next letter in the alphabet.

l) *Q:* How do we classify care plans in terms of service type and modality?
A: A care plan should only be classified as a service if the patient is involved in the development of the plan. Otherwise, measure c038 tracks the number of patients with care plans. Monitoring care plan changes over time may be helpful for your program, but would not be included here.

m) *Q:* In Measure c039, which asks about payer mix, should we capture all Medicaid/Medicare products or only traditional products?
A: All products should be captured.

VI. Baseline Data

a) *Q:* Should Joint Awards report baseline for each hospital or just an aggregated number?
A: Report each month's data for each individual hospital *and* for all hospitals aggregated. Be sure to use the baseline data template.

VII. Program-Specific Measures

a) *Q:* Will the HPC provide specifications for program-specific measures?
A: The HPC will provide specifications only for select program-specific measures. These are indicated in your measurement specification Excel workbook on the program-specific tab if applicable. CHART hospitals will submit their own specifications for the remaining program-specific measures as a deliverable in the first periodic report.

VIII. Joint Awards

a) *Q:* How should joint awards report cohort-wide and program-specific measures?
A: Report cohort-wide measures as specified in your Implementation Plan and Submission Template and program-specific measures as indicated in your Submission Template. If you have questions, contact your Program Officer.

IV. High-Utilizer Measures

(applicable only to Anna Jaques Hospital, Baystate Franklin Medical Center, Hallmark Joint Award, Lahey / Lowell Joint Award, Lowell General Hospital, Marlborough Hospital, Milford Regional Medical Center, Southcoast Joint Award, and Winchester Hospital)

a) *Q:* The CHART Phase 2 Measurement Period is 24 months. For measure H001, should we identify newly eligible Target Population patients for the entirety of the 24 months?
A: The HU accountability measures include patients eligible in the first 18 months of the program in order to allow all measured patients to have the full 6 month post period during the CHART program. If you would like to measure all patients eligible for the full 2 years we will consider requests with the understanding that any final outcomes related payment would come later to allow for a full 6 month run out. However, teams should continue to serve newly eligible patients

in months 19 to 24, and include these patients in all other measures (everything other than H001 to H010).

b) *Q:* How should we handle patients who re-present in "month 7" (so we re-enroll them, and thus what is their "pre"?)
A: For patients who re-present, we will *not* re-enroll them for the HU payment measures only. Rather, we will measure 6 months before the *first* encounter meeting CHART program eligibility criteria and 6 months after and inclusive of this date. We will capture all the utilization and services measures for these patients in the cohort-wide measures.

c) *Q:* For measures in the HU category, please explain further what is meant by 6 months before CHART eligibility and 6 months within eligibility?
A: A HU patient is eligible for CHART upon the *first* encounter meeting CHART program eligibility criteria after the launch date. Then, utilization is measured 6 months before and 6 months after (inclusive of this date).

d) *Q:* For H010, should we count the number of months or number of revisits? If months, is it months with no revisits?
A: This is the number of months without an exit event, up to 6 months. Most patients will not have an exit event.

e) *Q:* What is an exit event?
A: An exit event is a known death or a known move from the hospital area. Refusals of services or enrollment in the CHART program are not exit events.