I. Overview of Requirements

Throughout the five demonstration years, Performing Provider Systems (PPS) will report on progress and milestones and be evaluated using specific quality measures associated with their projects. This section describes the domains and the methodology for establishing goals and annual improvement increments that will be used to determine performance attainment in each demonstration year.

Domains

> All DSRIP measures are organized into 4 Domains. The lead partner for each PPS will be required to report measures for all four domains as specified in the project plan. The project requirement details for Domain 1 are available from the Independent Assessor organization. Domain 2, 3 and 4 measures are described in this measure specification and reporting manual.
>
> Domain 1 – Overall Project Progress
> Domain 2 – System Transformation
> Domain 3 – Clinical Improvement
> Domain 4 – Population-wide

Reporting Requirements for Measures

> In this document, there are two responsible parties noted for reporting requirements: 1) PPS – data reported by the PPS to the New York State Department of Health (NYS DOH); and 2) NYS DOH – NYS DOH data sources used to calculate measures.

II. Methodology for Establishing Performance Goals, Annual Improvement Targets, and High Performance

Performance Goals

> Performance goals are intended to reflect best performance expected in New York State and the performance goals are the same, consistently applied to all PPS each year. The performance goal for each measure will not be changed throughout the DSRIP demonstration. CMS suggested using the top decile as a mechanism for establishing performance goals. For measures where the goal is to reduce an outcome or occurrence and a lower result is desirable, the lower decile is used, and for measures where the goal is to increase the occurrence and a higher result is desirable, the upper decile is used.
>
> Several sources were considered for establishing goals. National data (NCQA's Quality Compass for Medicaid) top decile results were compared to NYS Medicaid managed care (MMC) results for 2013. The NYS MMC results exceeded the national data for the majority of the measures. The 2013 MMC data was used to calculate results for quality measures by zip code of the member's residence (excluding members with dual eligibility). Zip codes with less than 30 in the denominator or eligible population were excluded, and the 90th percentile was determined for the performance goal. Two quality measures had a small number of zip codes with 30 enrollees for the measure, therefore the top decile of health plan data was used for the performance goal. Efficiency measures (i.e., potentially preventable admissions, readmissions and emergency room visits) are population-based measures that have a skewed distribution when examined by zip code. For these measures, the performance goals were established by using all PPS baseline results, and reducing the best performing baseline result by 20% of the gap to the default goal, so that the performance goal will provide every PPS with a goal that moves beyond the best current performance.

If data for the measure was not available for 2013, the performance goal was set to a default of 100%/0% for use in the first measurement year. The performance goals for these measures have been reset using the first measurement year PPS results. The performance goals were established with the same methodology as above by using PPS results from measurement year 1, and reducing the best performing baseline result by 20% of the gap to the goal. All performance goals that have not been set using MY 1 results will be established with PPS results from MY 2. Performance goals using dually eligible members will be established using results from MY 3.
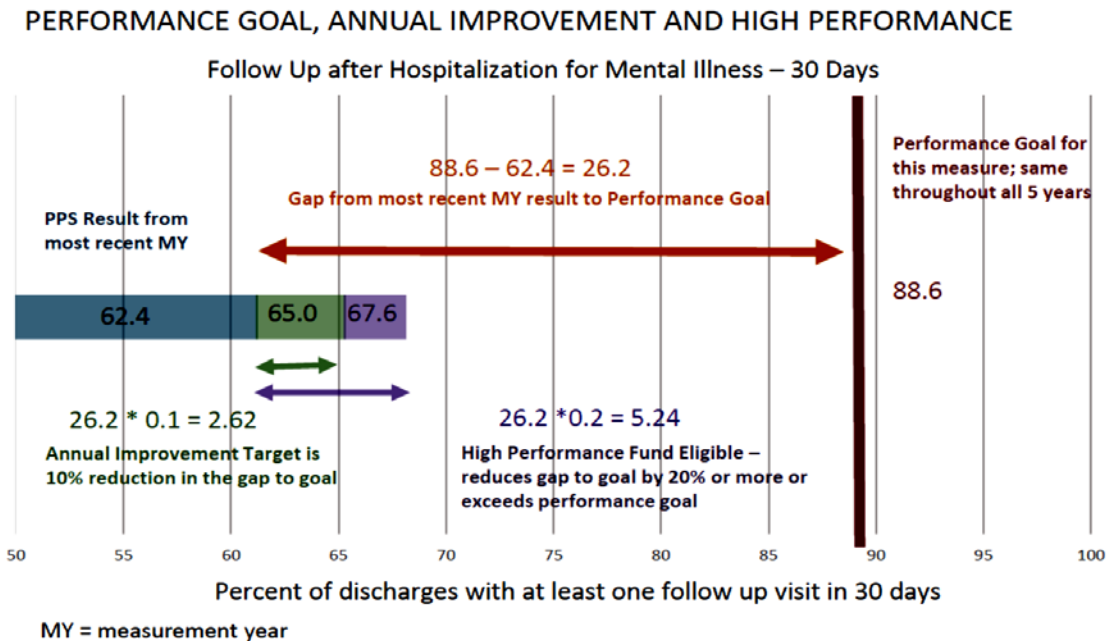
If the measure specifications are changed to the degree that prior results are not comparable, CMS and NYS DOH have established a process for resetting performance goals. Details about the process are in section VIII.

Annual Improvement Targets (AITs)

Annual improvement targets for measures for a PPS will be established using the methodology of reducing the gap to the goal by 10%. The most current PPS measurement year (MY) result will be used to determine the gap between the PPS result and the measure's performance goal, and then 10% of that gap is added to the most current PPS result to set the annual improvement target for the current MY (baseline for Measurement Year 1 and so on). Each subsequent year will continue to be set with an improvement target using the most recent year's result. This will account for smaller gains/losses in subsequent years as performance improves toward the goal or measurement ceiling. If a PPS result for a MY meets or exceeds the performance goal, then the annual improvement target and the high performance target (where applicable) for the next MY will equal the PPS' most recent result. Information on how achievement values are determined using AIT and performance goals is contained in the Achievement Value Guide.

Figure 1.

PERFORMANCE GOAL, ANNUAL IMPROVEMENT AND HIGH PERFORMANCE

Follow Up after Hospitalization for Mental Illness – 30 Days

MY = measurement year

As illustrated in Figure 1, the following example demonstrates the process for determining the annual improvement target (AIT):

Process Step: Determine AIT	Description	Example
Establish gap amount	Goal – PPS' result = gap	88.6 – 62.4 = 26.2
Calculate 10% of gap amount (increment)	Gap *.10 = increment	26.2 * .10 = 2.62
Set annual improvement target (AIT) by adding increment to PPS' result	Increment + PPS' result = AIT	2.62 + 62.4 = 65.02

In this example, the annual improvement target for the PPS would be 65.02%, and the PPS result would need to meet or exceed that value to get the achievement value for payment for P4P measures. If the PPS' result demonstrated a 20% reduction in the gap, and the measure is eligible for high performance funds, the PPS would receive additional payment. Determining the AIT and high performance is explained below:

Process Step: Determine High Performance	Description	Example
Establish gap amount	Goal – PPS' result = gap	88.6 – 62.4 = 26.2
Calculate 10% of gap amount (increment)	Gap *.10 = increment	26.2 * .10 = 2.62
Set annual improvement target (AIT) by adding increment to PPS' result	Increment + PPS' result = AIT	2.62 + 62.4 = 65.02
Evaluate high performance (HP) using actual PPS performance for MY	(Increment*2) + PPS' result = HP OR higher than performance goal	5.24 + 62.4 = 67.64 OR PPS > 88.6

The PPS result for the most recent MY is used to determine the next MY's annual improvement target:

Process Step: Determine next MY AIT	Description	Example
Establish gap amount	Goal – PPS' MY1 result = gap	88.6 – 62.4 = 26.2
Calculate 10% of gap amount (increment) MY2	Gap *.10 = increment for MY2	26.2 * .10 = 2.62
Set annual improvement target (AIT) by adding increment to PPS' result	Increment + PPS' MY1 result = AIT MY2	2.62 + 62.4 = 65.02
PPS result for MY2 is used for MY3 gap amount	Goal –MY2 PPS result = new gap for MY3	88.6 – 65.02 = 23.58
Calculate 10% of gap amount (increment) MY3	Gap *.10 = increment for MY3	23.58 * .10 = 2.36
Set annual improvement target (AIT) for MY3 by adding increment to PPS' result	Increment + PPS' result = AIT MY3	2.36 + 65.02 = 67.38

In this example, the MY2 annual improvement target was 65.02%. The PPS' result (65.02%) for MY2 met the AIT and MY2's result is then used to set MY3's AIT of 67.38%.

High Performance Measures

Ten measures are part of the high performance funds. These measures relate to avoidable hospitalizations, behavioral health and cardiovascular disease with the latter markers aligning with the nationwide Million Hearts Initiative on cardiac outcomes, in order to tackle the leading cause of mortality in New York State.

The ten measures eligible for high performance are:
1. Potentially Preventable Emergency Room Visits (All Population)
2. Potentially Preventable Readmissions (All Population)
3. Potentially Preventable Emergency Room Visits (BH Population)
4. Antipsychotic Use in Persons with Dementia (SNF Long Stay Residents) **NEW**
5. Follow-up after Hospitalization for Mental Illness
6. Antidepressant Medication Management
7. Diabetes Monitoring for People with Diabetes and Schizophrenia
8. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
9. Controlling High Blood Pressure
10. Medical Assistance with Smoking and Tobacco Use Cessation - Discussion of Cessation Strategies

A PPS can achieve high performance through two methods: 1) achieving a reduction in gap to goal by 20% or more in any annual measurement year for a high performance eligible measure; or 2) meeting or exceeding the measure's performance goal for the measurement year for a high performance eligible measure.

Pay for Reporting (P4R) Measures

In cases where the measure type is Pay for Reporting (P4R), performing provider systems can earn incentive payment for successfully reporting the measures the PPS is responsible for reporting to NYS DOH within the timeframes for each MY. Measures that NYS DOH has the responsibility of reporting will be credited to the PPS in P4R situations.

Pay for Performance (P4P) Measures

In cases where the measure type is Pay for Performance (P4P), a PPS will receive achievement values for results that meet or exceed the annual improvement target or exceed the performance goal. Improvement targets are determined based on a PPS' previous annual performance in the measure and will be calculated by NYS DOH using the methodology described previously in this section.

If the denominator for a measure is less than 30 members or events, the data is considered too small to determine a statistically valid result; this is referred to as small cell size. Measure results with small cell size are not used for determining the achievement value for the measure. Prior to receiving the achievement value for the measure, PPS will need to have results for two consecutive years that are based on denominators greater than 30. For information about how these situations impact annual achievement value awards, see the Achievement Value Guide.

However, to provide PPS with as much information as possible, the results based on small cell size WILL be shared in PPS annual reports and used to create the AIT for the next measurement year so the PPS can understand current status.

III. Defining the Eligible Population for Performance Measurement

IMPORTANT NOTES:

1. The eligible population is comprised of all members attributed to the PPS who qualify for the measure. The eligible population is <u>NOT</u> limited to people who have gone to providers or sites that are involved in project specific activities, or people residing in a specific county or area.

2. Calculation of measure results are member-centric, evaluating each member for meeting criteria for the measure. The member is then attributed to the PPS as of the measurement time frame, such as end of the measurement year. Member eligibility information is evaluated for the measurement window, such as 12 months irrespective of PPS attribution.

3. Members who are dually eligible (Medicare and Medicaid) will <u>NOT</u> be included in PPS measure results for claims-based measures for measurement years 1 and 2. Dually eligible members will be included in PPS results for measurement years 3 through 5. Results will be reported separately (non-duals/duals) for measures so that performance goals, increments and trends will not be reset for the PPS. Combined dual/non-dual results will also be calculated. Achievement values associated with measures with more than 5% of the denominator consisting of dually eligible members will be proportioned for the dual/non-dual results.

   Several measures currently include dual eligibles as the measure specifications do not require claim derived information. These measures include: Health Home enrollment measures (3 measures), Skilled Nursing Facility measures (Long-Stay Residents Depressive Symptoms and Antipsychotic Use for Persons with Dementia), and Hospital measures (ED for Uninsured and H-CAHPS). These measures will not be reported separately.

Measure Eligible Population

Members are attributed to a specific PPS for performance measurement based on the qualifying services the members used, their assigned PCP or area of residence. In addition to the member's attribution to a PPS, performance measures use specific criteria to determine eligibility for the measure.

Measures are developed to capture the population for which a particular service is recommended; this is called the eligible population. To define the eligible population, measures often apply criteria such as age or diagnosis of a health condition to identify members in the eligible population. While some measures may apply to everyone in the PPS (population-based), others may capture a smaller group within the PPS membership that meet added measure specific criteria such as diagnosis of a health condition (episode-based).

For example, Figure 2 below shows how the PPS membership is narrowed to those with a diagnosis and then further to the measure's eligible population or denominator for an episode-based measure, *Antidepressant Medication Management*.

Figure 2. Denominator Illustration
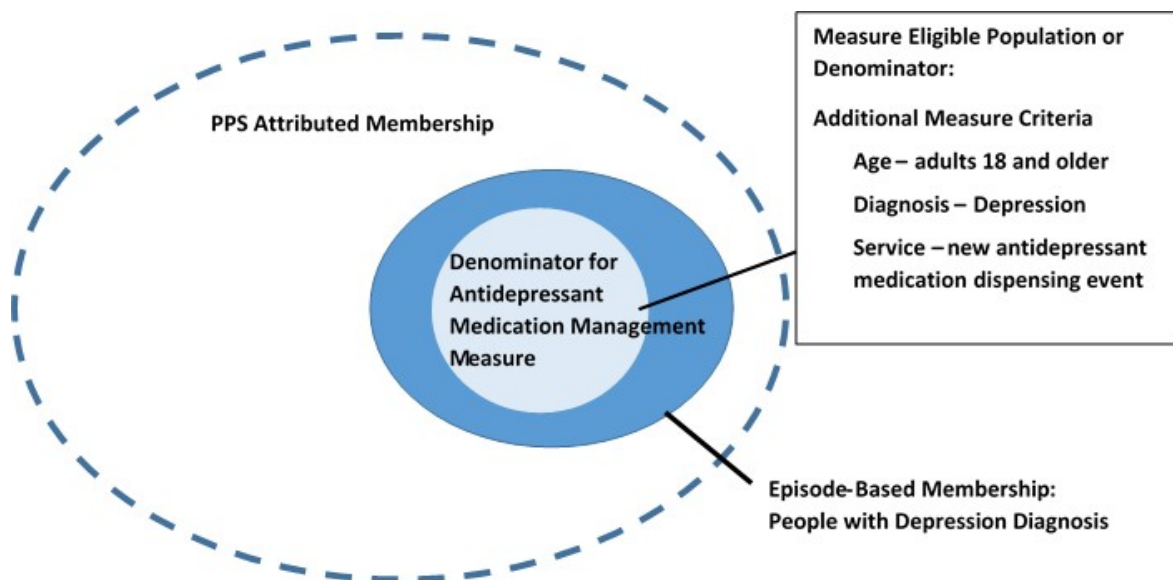
IV. Baseline Results for Project Approval -Completed

Specifically, with the exception of behavioral health Domain 3 measures (3.a.i – 3.a.v), if the performing provider system's performance on the 2012 and 2013 data for the majority of the measures associated with a Domain 3 project was within 10 percentage points or 1.5 standard deviations to the performance goals, the project was not approved. If baseline PPS data was not available (such as measures requiring medical record data or survey responses), the PPS baseline result was assumed to be 0% for the purposes of approving projects. For example if a project had seven associated measures, baseline PPS results were available for three of the measures and unavailable for four, the PPS would be approved as the majority of the measures (i.e. four of the seven) were not within 10 percentage points or 1.5 standard deviations.

In January 2015 all PPS passed the project approval test using available data.

V. Measure Reporting Schedule

Each measurement year will encompass twelve months, from July 1 of the year prior to June 30 of the reporting year. The reason for using a mid-year time period is to allow for a claim lag of six months so data will be as complete as possible when the PPS performance is calculated for the measurement year. Results for the measurement year will be finalized in January of the following year to allow for six month run out of billing data. The DSRIP time frame for providing results to the Independent Assessor to make determinations of the MY award is in March of the year after the MY. Measures which require information from medical records or other data sources will be collected from the PPS. NYS DOH will provide the PPS with information about the eligible members, the required data elements and formats, and the file submission process (see Section IX, XI and Appendix B). Measures are required to be reported each year and will not be allowed to be rotated. The PPS will gather and report this information by December of the reporting year.

The following provides the timeline for activities in the measurement year (Table 1). This is illustrated in Figure 3.

Table 1 – Annual Measurement Cycle

Annual Measurement Year Cycle	Time Frame
PPS MY1 results, annual improvement targets released to PPS	May 2016
MY2 Measurement Year Begins	July 1, 2015
MY2 Measurement Year Ends	June 30, 2016
MY3 Measurement Year Begins	July 1, 2016
NYS DOH sends samples for measures requiring medical record (MR) data for MY2	August 2016
NYS DOH and vendor pull sample frame and administer C&G CAHPS	August – December 2016
MR abstraction conducted, validated and Member Detail File created	August – December 2016
Completed Member Detail File sent to NYS DOH	January 2017
Medicaid claims for MY2 frozen following January 2017 refresh of December 2016 claims and encounters load	January 2017
NYS DOH calculates final results for MY2, including PPS' Member Detail File information, C&G CAHPS, other non-claims based data	February 2017
Final MY2 results provided to Independent Assessor	February 2017
Annual improvement targets for MY3 for PPS calculated	February 2017
PPS MY2 results and MY3 annual improvement targets released to PPS	March 2017
Independent Assessor determines achievement value of MY2 measures and issues PPS reports	March 2017
MY3 Measurement Year Ends	June 30, 2017

Figure 3 –Annual Measurement Year Cycle Timeline

Annual Measurement Year Cycle Timeline

Measurement Year 2 (July 1, 2015 - June 30, 1016)