



**Department  
of Health**

Medicaid  
Redesign Team

# DSRIP Performance Overview: Progress through Year 2

August 2017

# Contents

Performance Highlights

DSRIP Program Refresher

- Pay for Performance and the High Performance Fund
- Supplemental Programs

Funds Earned and Available

- Funds Earned in DY2
- Funds Available Going Forward

Progress on Reducing Avoidable Utilization

Overview of Statewide Accountability Milestones

Appendix A: MY2 P4P Measures Highlights

Appendix B: P4P Measures in MY3 and MY4

# Performance Highlights

## How have PPS performed so far?

PPS earned 95.78% of all available funds through DSRIP Year 2 Quarter 4

\$2,529,408,899 earned of  
\$2,640,661,329 available

## How have PPS performed so far?

PPS have reduced Potentially Preventable Readmissions by 14.9%

PPS have reduced Potentially Preventable ER Visits by 11.8%

# How have PPS performed so far?

PPS have successfully met all project requirements for 31 projects through DY2

95% of DY2 project requirements successfully implemented

# DSRIP Program Refresher

# DSRIP Program Refresher

## Pay for Reporting and Pay for Performance Funding Allocations by DSRIP Year

DSRIP Year	Year 1	Year 2	Year 3	Year 4	Year 5
Dates	4/15 to 3/16	4/16 to 3/17	4/17 to 3/18	4/18 to 3/19	4/19 to 3/20
P4R Domain 1 Process Measures	80%	60%	40%	20%	0%
P4R Reporting Measures	20%	31%	17%	16%	18%
P4P Performance Measures	0%	9%	43%	64%	82%

- Measures convert from P4R to P4P beginning in Year 2 with additional measures converting in Years 3 and 4.
  - In Year 2, a limited scope of Domain 3 measures converted to P4P.
  - In Year 3, all Domain 2 measures and additional Domain 3 measures converted to P4P.
  - In Year 4, the remaining Domain 3 measures convert to P4P.
    - See Appendix B for the detailed list of measures converting in Years 3 and 4.



# DSRIP Program Refresher

## Measurement Years and DSRIP Years

DSRIP Year	Year 1	Year 2	Year 3	Year 4	Year 5				
DSRIP Year Dates	4/15 to 3/16	4/16 to 3/17	4/17 to 3/18	4/18 to 3/19	4/19 to 3/20				
Payment #	#3	#1	#2	#1	#2	#1	#2	#1	#2
Measurement Year	MY1	MY1	MY2	MY2	MY3	MY3	MY4	MY4	MY5
Measurement Year Dates	7/14-6/15	7/14-6/15	7/15-6/16	7/15-6/16	7/16-6/17	7/16-6/17	7/17-6/18	7/17-6/18	7/18-6/19

- Performance between July 2015 and June 2016 impacted the second payment of DSRIP Year 2.
  - The Measurement Year 2 performance also drives the first P4P payments for DSRIP Year 3 for Domain 3 projects.
- In the first two years of DSRIP, through March of 2017, PPS were focused on implementing their projects and establishing structures for monitoring and managing performance

# Earning P4P Payments

- PPS earn P4P payments by meeting, or exceeding, their annual improvement targets (AIT) for the applicable measures based on their project selections.
- The AIT is calculated annually for every measure that a PPS is evaluated for on a performance basis.
  - The AIT is calculated as a 10% improvement from the baseline (or prior year's performance) to the statewide goal for the measure.

Measure	PPS Performance Baseline (MY1 Result)	Statewide Performance Goal	Gap to Goal (Performance Baseline – Statewide Performance Goal)	10% Gap to Goal	PPS Annual Improvement Target (Baseline – 10% Gap to Goal)
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis)	116.76	35.29	81.47	8.14	108.62

# Earning P4P Payments

- The following example shows the performance of two PPS on the same measure.

Measure:	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis)					
	PPS	PPS Performance Baseline (MY1 Result)	Statewide Performance Goal	PPS Annual Improvement Target (10% of Baseline to Statewide Goal)	PPS Performance (MY2 Result)	AV Earned
PPS A		116.76	35.29	108.62	115.53	0
PPS B		122.97	35.29	114.20	95.40	1

# MY2 Pay for Performance Measures

Projects	Measures
3.a.i – 3.a.iv	<ol style="list-style-type: none"> <li>1. <sup>HP</sup>Potentially Preventable Emergency Room Visits (for persons with BH diagnosis)</li> <li>2. <sup>HP</sup> Antidepressant Medication Management - Effective Acute Phase Treatment</li> <li>3. <sup>HP</sup> Antidepressant Medication Management - Effective Continuation Phase Treatment</li> <li>4. Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)</li> <li>5. Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)</li> <li>6. <sup>HP</sup> Follow-up after hospitalization for Mental Illness - within 7 days</li> <li>7. <sup>HP</sup> Follow-up after hospitalization for Mental Illness - within 30 days</li> <li>8. Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication</li> <li>9. <sup>HP</sup>Diabetes Monitoring for People with Diabetes and Schizophrenia</li> <li>10. <sup>HP</sup>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia</li> <li>11. Adherence to Antipsychotic Medications for People with Schizophrenia</li> </ol>
3.a.v	<ol style="list-style-type: none"> <li>1. Antipsychotic Use for Persons with Dementia</li> <li>2. <sup>HP</sup>Percent of Long Stay Residents who have Depressive Symptoms</li> </ol>
3.b.i – 3.b.ii	<ol style="list-style-type: none"> <li>1. Prevention Quality Indicator # 7 (Hypertension)</li> <li>2. Prevention Quality Indicator # 8 (Heart Failure)</li> </ol>
3.c.i – 3.c.ii	<ol style="list-style-type: none"> <li>1. Prevention Quality Indicator # 1 (Diabetes Mellitus Short term complications)<sup>1</sup></li> </ol>
3.d.i – 3.d.ii	<ol style="list-style-type: none"> <li>1. Prevention Quality Indicator # 15 Younger Adult Asthma</li> <li>2. Pediatric Quality Indicator # 14 Pediatric Asthma</li> <li>3. Asthma Medication Ratio (5 – 64 Years)</li> <li>4. Medication Management for People with Asthma (5 – 64 Years) – 50% of Treatment Days Covered</li> <li>5. Medication Management for People with Asthma (5 – 64 Years) – 75% of Treatment Days Covered</li> </ol>
3.e.i	<ol style="list-style-type: none"> <li>1. HIV/AIDS Comprehensive Care : Engaged in Care</li> <li>2. HIV/AIDS Comprehensive Care : Viral Load Monitoring</li> <li>3. HIV/AIDS Comprehensive Care : Syphilis Screening</li> <li>4. Chlamydia Screening (16 – 24 Years)</li> </ol>
3.f.i	<ol style="list-style-type: none"> <li>1. Prevention Quality Indicator # 9 Low Birth Weight</li> </ol>

The Multiplier Effect: if a PPS selected both projects 3.a.i and 3.a.ii, performance on this set of measures counts twice in the applicable performance based payments

# High Performance Fund - Overview

- The High Performance Fund is a portion of the DSRIP Performance Fund that is set aside to reward PPS that meet established targets for a designated subset of Domain 2 and Domain 3 performance measures.
- PPS can earn High Performance Funds in two ways:
  - Tier I: Earned by achieving a 20% Improvement from baseline to statewide performance goal in a measurement year.
  - Tier II: Earned by meeting or exceeding statewide performance goal in a measurement year.
- PPS can earn High Performance Funds up to 30% of their DSRIP Project Valuation.

# Supplemental Programs - Overview

- The Equity Infrastructure Program (EIP) is a funding source available to 15 PPS and rewards PPS for completing specific infrastructure development activities.
- The Equity Performance Program (EPP) is a funding source available to 15 PPS to reward PPS for meeting reporting/performance goals for selected EPP measures.
  - PPS have to select 6 EPP measures and earn payments based on performance on each measure.
  - PPS can earn partial AVs and payments based on partial achievement of the performance goals.

# Supplemental Programs - Overview

- The Additional High Performance Program (AHPP) is funding available to all PPS designed to further incentivize performance target achievement for 9 of the 12 measures in the HPF.
  - PPS earn AHPP funds by if it achieves at least half (50% or more) of its available AHPP metrics in a given year.

# Funds Earned and Available



# Funds earned through DY2

	DY 1		DY2		Total (through DY2)		
	Earned	Available	Earned	Available	Earned	Available	Percent Earned
P4R (Dom. 1-4)	\$835,126,181	\$841,936,151	\$890,548,652	\$914,170,522	\$1,725,674,833	\$1,756,106,673	98.3%
P4P (Dom. 2-3)	\$0	\$0	\$47,427,019	\$91,813,917	\$47,427,019	\$91,813,917	51.7%
HPF	\$0	\$0	\$31,943,297	\$60,740,738	\$31,943,297	\$60,740,738	52.6%
EIP	\$187,600,000	\$187,600,000	\$187,600,000	\$187,600,000	\$375,200,000	\$375,200,000	100.0%
EPP	\$128,400,000	\$128,400,000	\$120,296,681	\$128,400,000	\$249,188,721	\$256,800,000	97.0%
AHPP	\$50,000,000	\$50,000,000	\$50,000,000	\$50,000,000	\$100,000,000	\$100,000,000	100%
<b>Total (% total)</b>	<b>\$1,201,126,181 (99.44%)</b>	<b>\$1,207,936,151</b>	<b>\$1,328,307,689 (92.71%)</b>	<b>\$1,432,725,178</b>	<b>\$2,529,433,870 (95.79%)</b>	<b>\$2,640,661,329</b>	<b>95.8%</b>

NOTE:

- MY2 performance results drive \$57M of \$111M available (51.7%) of P4P funds for DY3, Payment 1

# PPS Performance through DY2

PPS Name	DSRIP Funds			Achievement Values		
	Available	Earned	Percent Earned	Available	Earned	Percent Earned
Adirondack Health Institute	\$67,738,576	\$64,476,648	95.18%	717.00	691.91	96.50%
Advocate Community Providers	\$246,674,561	\$241,366,065	97.85%	680.00	659.00	96.91%
Alliance for Better Health Care	\$84,497,847	\$80,340,931	95.08%	694.00	666.86	96.09%
Better Health for Northeast NY	\$47,755,411	\$44,200,945	92.56%	730.00	694.64	95.16%
Bronx Health Access	\$59,421,888	\$56,703,656	95.43%	668.00	650.94	97.45%
Bronx Partners for Healthy Communities	\$132,917,522	\$128,352,629	96.57%	660.00	645.50	97.80%
Care Compass Network	\$81,395,528	\$77,475,083	95.18%	723.00	696.80	96.38%
Central New York Care Collaborative	\$119,091,681	\$115,060,275	96.61%	768.00	731.75	95.28%
Community Care of Brooklyn	\$171,163,320	\$169,405,672	98.97%	646.00	635.88	98.43%
Community Partners of Western NY	\$32,205,378	\$30,838,237	95.75%	655.00	631.60	96.43%
Finger Lakes PPS	\$190,567,624	\$183,294,831	96.18%	731.00	713.93	97.66%
Leatherstocking	\$23,815,553	\$22,456,028	94.29%	695.00	662.00	95.25%
Millennium Collaborative Care	\$82,772,588	\$79,768,528	96.37%	792.00	765.90	96.70%

# PPS Performance through DY2

PPS Name	DSRIP Funds			Achievement Values		
	Available	Earned	Percent Earned	Available	Earned	Percent Earned
Montefiore Hudson Valley Collaborative	\$89,456,995	\$85,019,665	95.04%	692.00	670.78	96.93%
Mount Sinai PPS	\$136,404,253	\$134,859,807	98.87%	707.00	685.00	96.89%
Nassau Queens PPS	\$203,445,869	\$193,537,123	95.13%	706.00	678.23	96.07%
New York Presbyterian – Queens	\$12,553,586	\$12,445,777	99.14%	594.00	584.70	98.43%
North Country Initiative	\$26,192,789	\$25,067,494	95.70%	722.00	715.00	99.03%
NYU Lutheran	\$49,500,181	\$48,457,571	97.89%	603.50	596.63	98.86%
OneCity Health	\$412,936,160	\$405,473,396	98.19%	681.00	671.80	98.65%
Refuah Community Health Collaborative	\$19,357,204	\$18,824,360	97.25%	485.00	476.43	98.23%
Staten Island PPS	\$77,014,950	\$74,305,569	96.48%	742.00	730.44	98.44%
Suffolk Care Collaborative	\$106,235,253	\$104,174,538	98.06%	725.00	715.50	98.69%
The New York & Presbyterian Hospital	\$37,573,112	\$36,880,449	98.16%	664.00	647.52	97.52%
Westchester Medical Center	\$101,176,058	\$96,648,591	95.53%	727.00	708.36	97.44%
<b>TOTAL</b>	<b>\$2,640,661,327*</b>	<b>\$2,529,433,868</b>	<b>95.79%</b>	<b>17,207.50</b>	<b>16,727.09</b>	<b>97.21%</b>

\* The Total Available Funds includes \$28M of unearned High Performance Funds. These funds are not directly allocated to any individual PPS and therefore aren't factored in to the available fund amounts for the PPS.

# Available funding DY3 through DY5

	DY 3	DY4	DY5	Total DY3 – DY5
	Available	Available	Available	Available
P4R (Domains 1-4)	\$831,239,352	\$440,251,138	\$137,307,426	\$1,408,797,917
P4P (Domain 2, 3)	\$635,200,967	\$772,566,254	\$631,536,918	\$2,039,304,140
HPF <sup>1</sup>	\$78,615,782	\$65,019,071	\$41,217,701	\$184,852,554
EIP	\$187,600,000	\$187,600,000	\$187,600,000	\$562,800,000
EPP	\$128,400,000	\$128,400,000	\$128,400,000	\$385,200,000
AHPP <sup>2</sup>	\$50,000,000	\$50,000,000	\$50,000,000	\$150,000,000
<b>Total</b>	<b>\$1,911,056,101</b>	<b>\$1,643,836,464</b>	<b>\$1,176,062,046</b>	<b>\$4,730,954,610</b>

Unearned  
P4R and  
P4P  
funds  
shift to  
the HPF

NOTES:

1. HPF amounts only include the annual seed funding and does not include any HPF carry forward or unearned performance funds from prior DY.
2. AHPP amounts only include the annual seed funding and does not include any AHPP carry forward or unearned EPP funds from prior DY.

# Progress on Reducing Avoidable Utilization

# Achieving the DSRIP goal

Potentially Preventable  
Readmission (PPR)

**25% reduction  
in avoidable  
hospital use  
over five years**

Potentially Preventable  
ER Visits (PPV)

Prevention Quality  
Indicators (PQI)

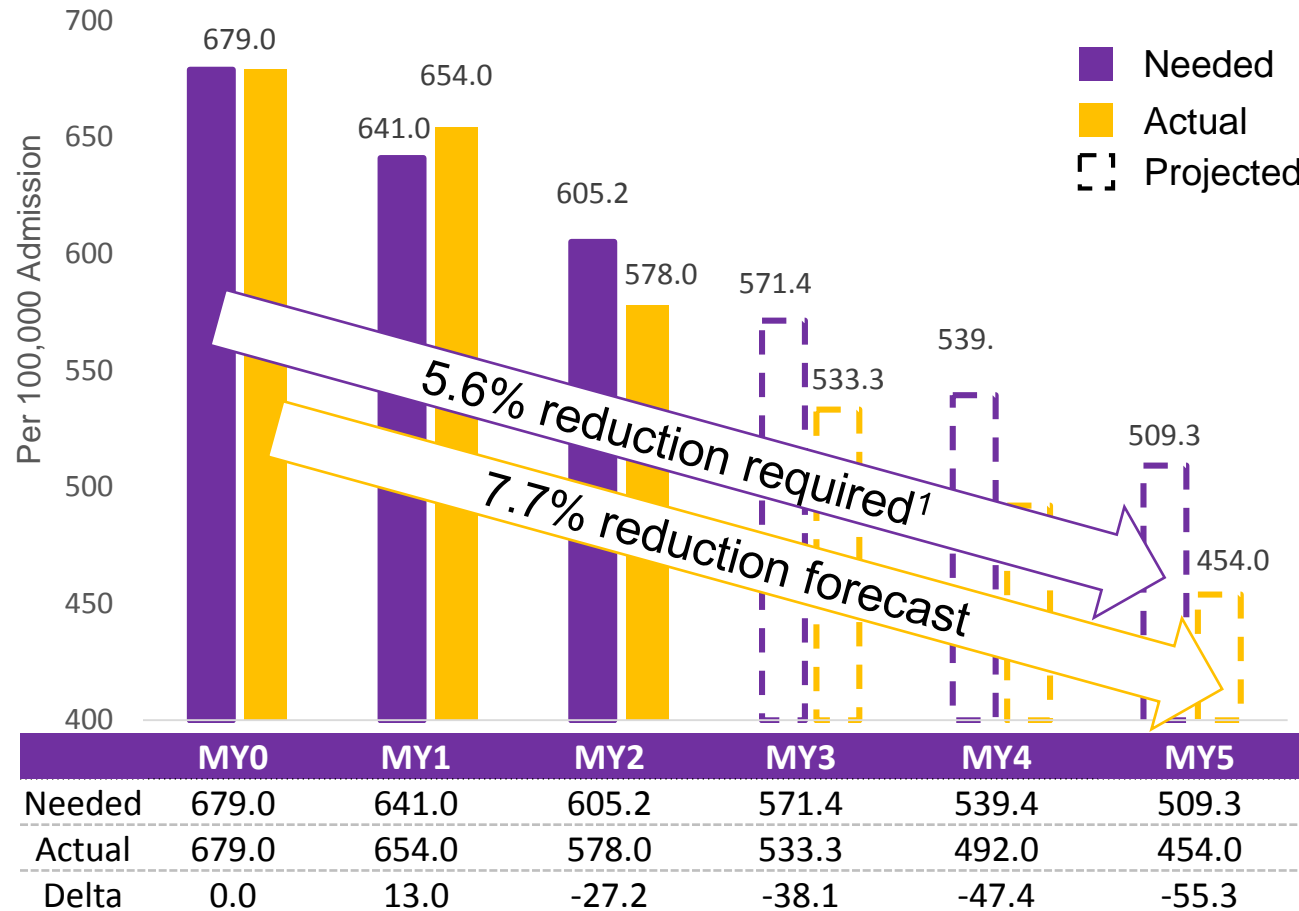
Potentially Avoidable  
Complications (PAC)<sup>1</sup>

Pediatric Quality  
Indicators (PDI)

1. PAC are not DSRIP payment measures, but are a component of NYS VBP Initiative and another way to quantify avoidable hospital use. PAC distinguish a wide variety of complications and calculates proxy price weighted, severity-adjusted episodes of care that can be bundled, such as the Chronic Bundle in NYS VBP.

# PPR: Current results and performance opportunity

## Potentially Preventable Readmission



## Pursuing the goal of 25% reduction ...

If all PPS maintain current reduction rates, the State **will achieve** a 33.14% reduction over baseline (454.0 per 100,000 members)

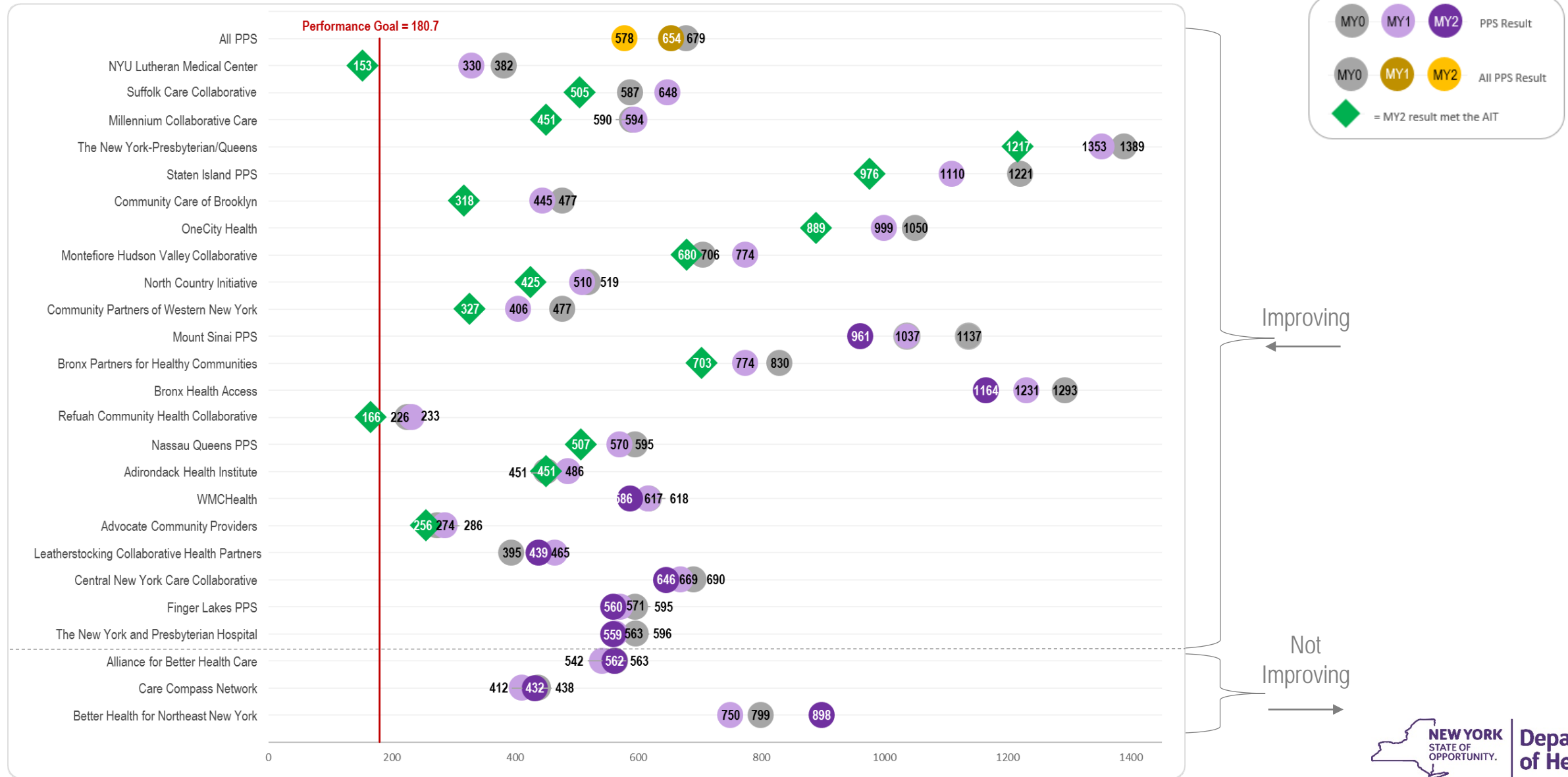
MY2 Rates	PPS
-30% to -20%	NYU Lutheran (-29.98%)
-19% to -10%	CCB, CPWNY, Refuah, MCC, SIPPS
-9 to -5%	NCI, Mount Sinai, One City, Bronx Partners, Nassau Queens, Suffolk CC, NYPQ
-4% to 0%	BHA, ACP, CNYCC, NY Presby, FLPPS, WMC, Montefiore, Care Compass, Alliance
1% +	AHI, Leatherstocking, BHNNY

Notes:

1. Projection assumes a consistent denominator year over year, and rate estimates are based on CAGR projection driven by MY0 – MY2 non-case mix adjusted results

# Potentially Preventable Readmissions ±

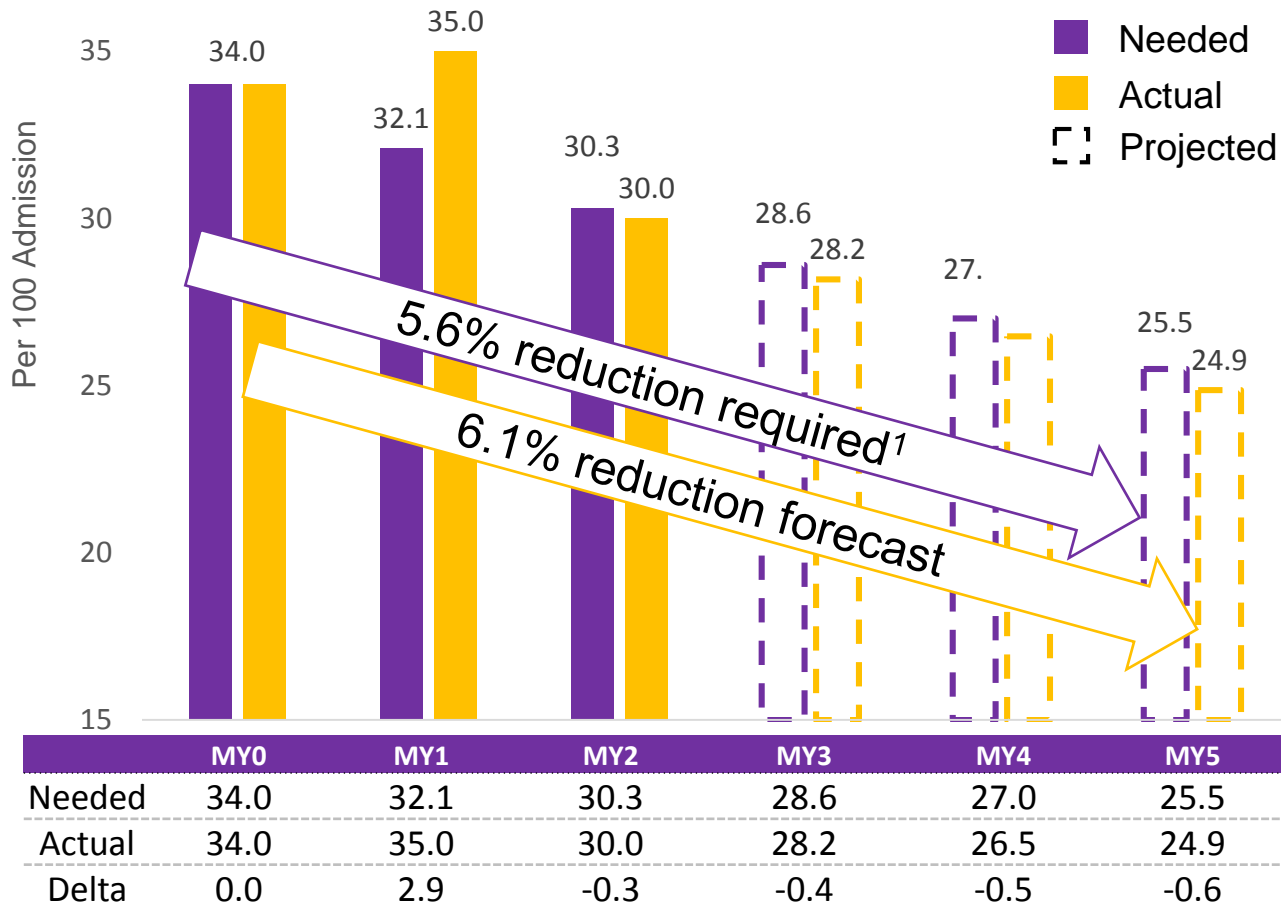
± A lower rate is desirable





# PPV: Current results and performance opportunity

## Potentially Preventable Emergency Room Visits



## Pursuing the goal of 25% reduction ...

If all PPS maintain current rates, the State **will achieve** a 26.9% reduction over baseline (24.9 per 100 admission).

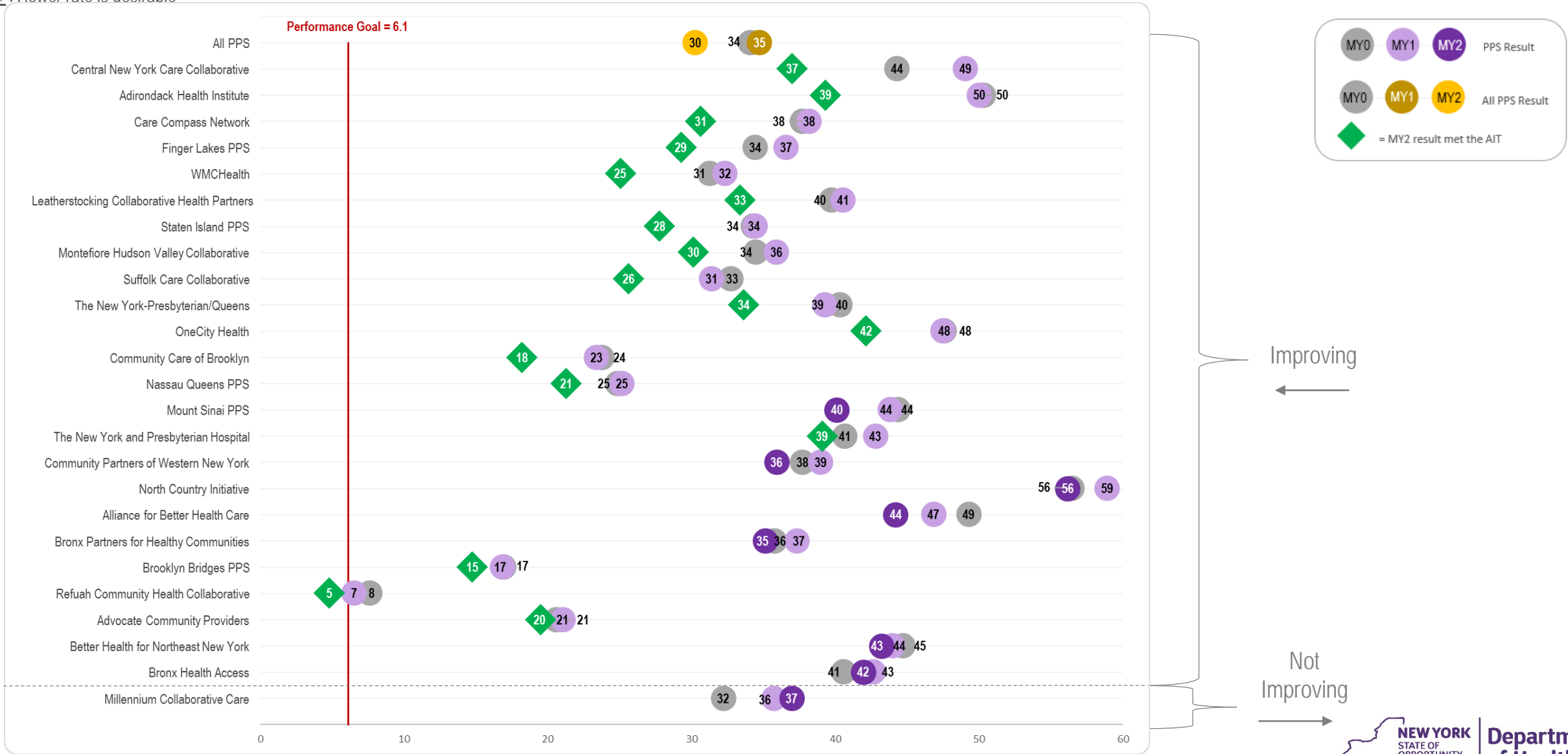
MY2 Rates	PPS
-20% to -10%	Refuah (-18.52%), CCB, AHI, Suffolk CC
-9% to -5%	WMC, SIPPS, Care Compass, NYPQ, CNYCC, Leatherstocking, FLPPS, Nassau Queens, NYU Lutheran, Montefiore, One City, Alliance
-4% to 0%	Mount Sinai, ACP, CPWNY, NY Presby, BHNNY, Bronx Partners, NCI
1% +	BHA, MCC

Notes:

1. Projection assumes a consistent denominator year over year, and rate estimates are based on CAGR projection driven by MY0 – MY2 non-case mix adjusted results

# Potentially Preventable Emergency Room Visits $\pm$

$\pm$  A lower rate is desirable



# Statewide Accountability Milestones

# Statewide Accountability Milestones

The STCs identify four measures for which statewide performance is evaluated, beginning in DY3:

Statewide Milestone	Pass Criteria
1. <b>Statewide metrics performance</b>	More metrics are improving on a statewide level than are worsening <sup>1</sup>
2. <b>Success of projects statewide<sup>2</sup></b>	More metrics achieving an award than not
3. <b>Total Medicaid spending<sup>3</sup></b>	1) The growth in the total Medicaid spending is at or below the target trend rate (DY4-5 only) <i>and</i> 2) The growth in statewide total IP & ED spending is at or below the target trend rate (DY3-5)
4. <b>Managed care plan</b>	Achieving VBP roadmap goals related to value-based payment transition

*If the state fails any of the four statewide milestones:*

	DY 3	DY 4	DY 5
<b>Penalty</b>	\$74.09M (5% of funds)	\$131.71M (10% of funds)	\$175.62M (20% of funds)

Notes: 1. Based on previous year and baseline comparisons

2. Based on project-specific and population-wide quality metrics

3. At or below target based on trend rate

# Statewide Milestone #1 Summary

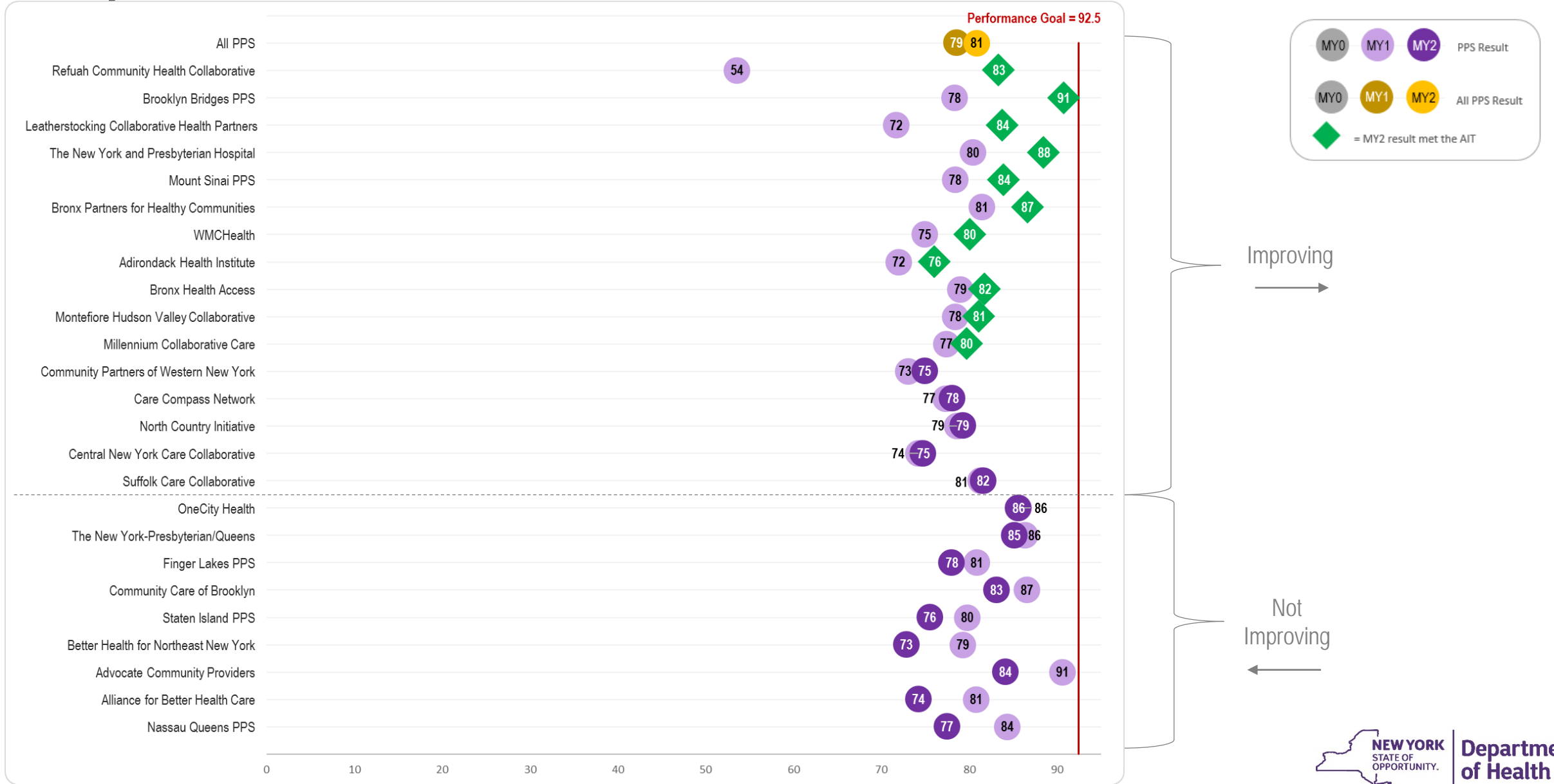
Statewide Milestone #1 is a test of the universal set of statewide delivery system improvement measures<sup>1</sup> consisting of 18 measures; 16 of which have comparable data as of MY2. In MY2, with nine of 16 measures maintaining or improving, the state is on track to pass, as more measures are improving than are worsening.

Statewide Category	Statewide Measure Name	Status MY1 vs MY2
Potentially Avoidable Services	Potentially Preventable Readmissions (rate per 100,000)	Maintain/Improve
	Potentially Preventable Emergency Room Visits (rate per 100)	Maintain/Improve
	PQI - 90 - Composite of All Measures	Maintain/Improve
	PDI - 90 - Composite of All Pediatric Measures	Maintain/Improve
Access to Care	Children's Access to Primary Care - 12 to 24 Months	Maintain/Improve
	Children's Access to Primary Care - 25 months to 6 years	Maintain/Improve
	Adult Access to Preventive or Ambulatory Care – 20 to 44 years	Maintain/Improve
	Adult Access to Preventive or Ambulatory Care – 45 to 64 years	Maintain/Improve
	Adult Access to Preventive or Ambulatory Care – 65 and older	Worsen
	Children's Access to Primary Care - 7 to 11 years	Worsen
	Children's Access to Primary Care - 12 to 19 years	Worsen
Primary Care	Primary Care - Usual Source of Care (C&G CAHPS)	Maintain/Improve
	Primary Care - Length of Relationship (C&G CAHPS)	Worsen
	Percent of PCP (Primary Care Providers) Meeting PCMH or Advance Primary Care Standards	Worsen
Timely Access	Getting Timely Appointments, Care and Information (C&G CAHPS)	Worsen
Care Transitions	Care Coordination (C&G CAHPS)	Worsen
System Integration Meaningful Use Providers	Percent of Eligible Providers Who Have Participating Agreements with Qualified Entities	N/A
	Percent of Eligible Providers Who Are Able to Participate in Bidirectional Exchange	N/A

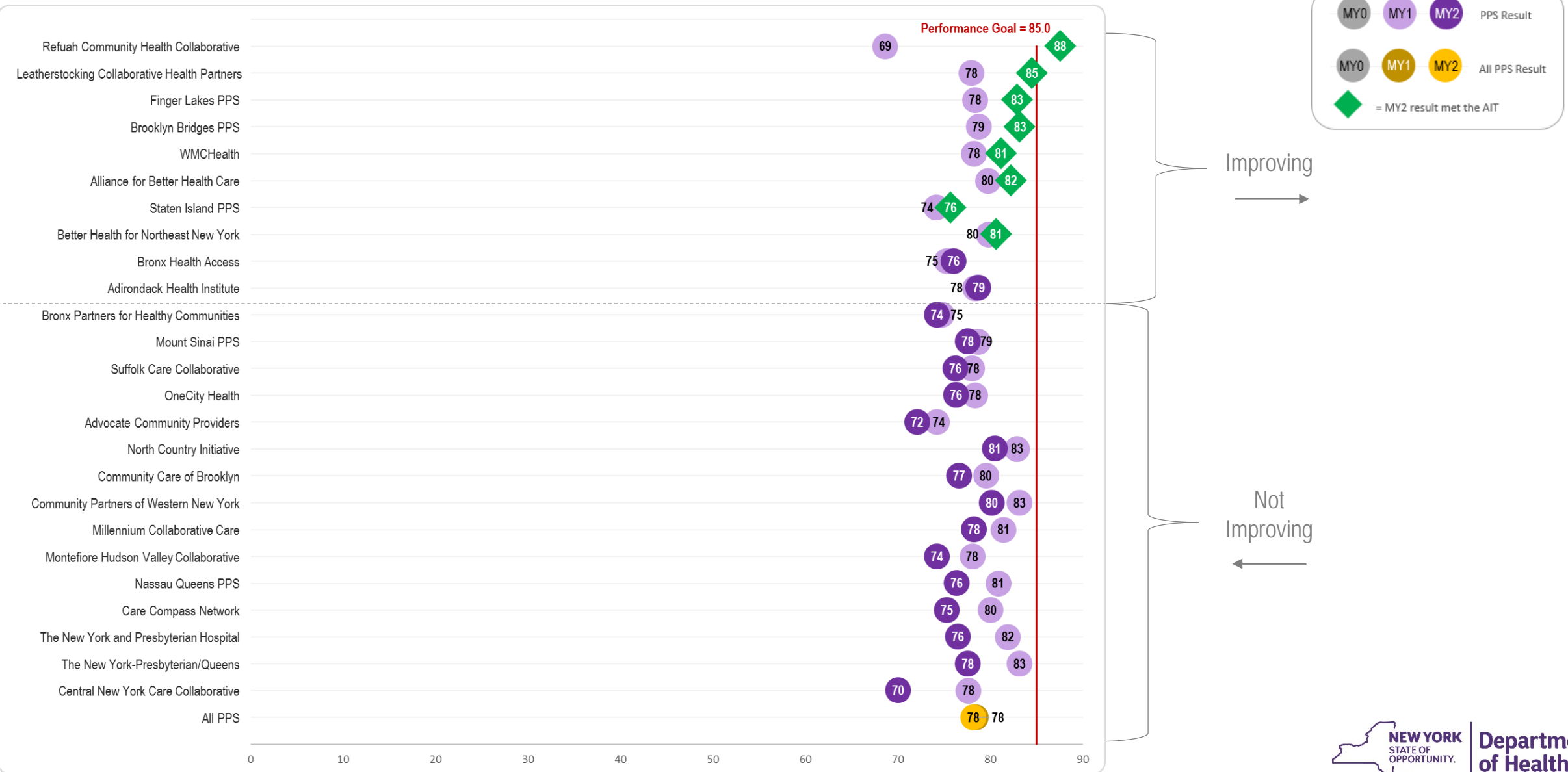
1. At the close of DY3, the Independent Assessor will determine whether the state has passed this milestone. The milestone will be passed when more metrics are improving on a statewide level than are worsening, as compared to the prior year as well as compared to initial baseline performance.

N/A: Data collection began in MY1 and/or MY2, and therefore, comparative results not available.

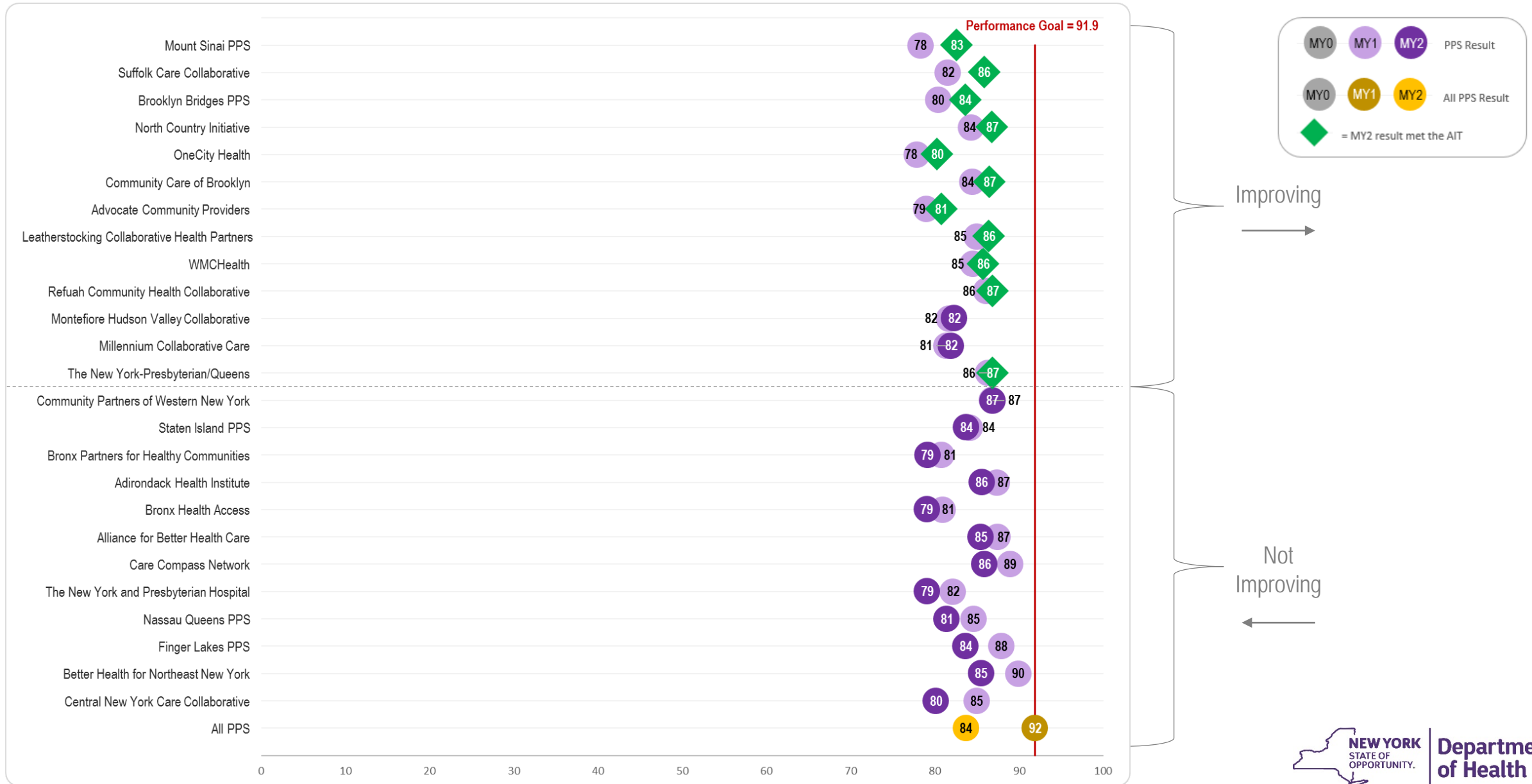
# Primary Care - Usual Source of Care



# Primary Care - Length of Relationship

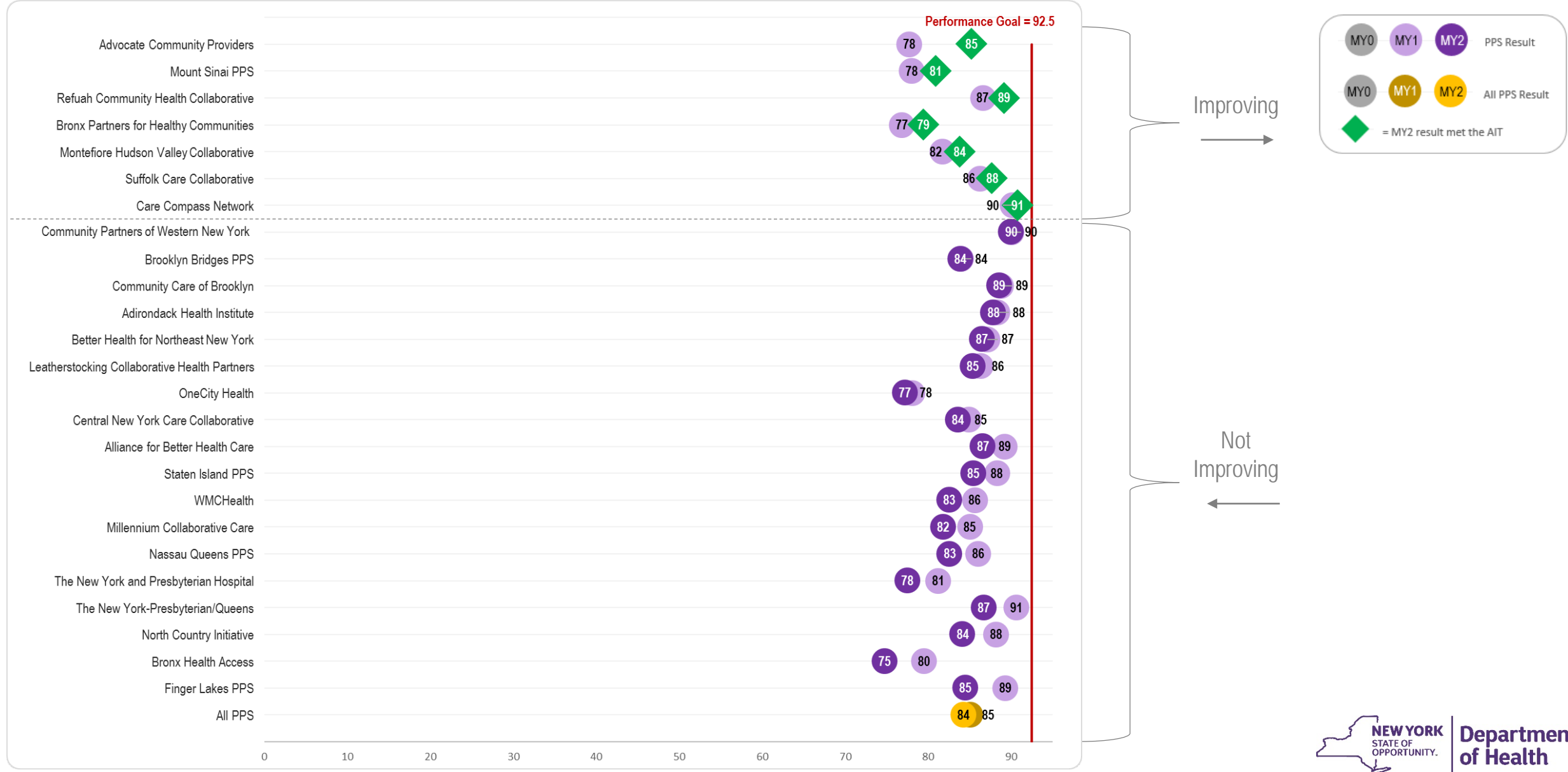


# Care Coordination





# Getting Timely Appointments, Care and Information



# Key Takeaways

- PPS have accomplished a great deal in the first two years of DSRIP.
  - 95.8% of Available Funds and 97.2% of Available AVs have been earned.
- There remains work to do in the last three years of DSRIP.
  - PPS earned 84% of the available funds tied to performance measures.
- Funding in Years 3 – 5 is increasingly tied to PPS performance and decreasingly tied to process.

# Appendix A

## MY2 P4P Measure Highlights

# Potentially Preventable Emergency Room Visits (BH Population) ±: 18 of 25 PPS met MY2 AIT

± A lower rate is desirable



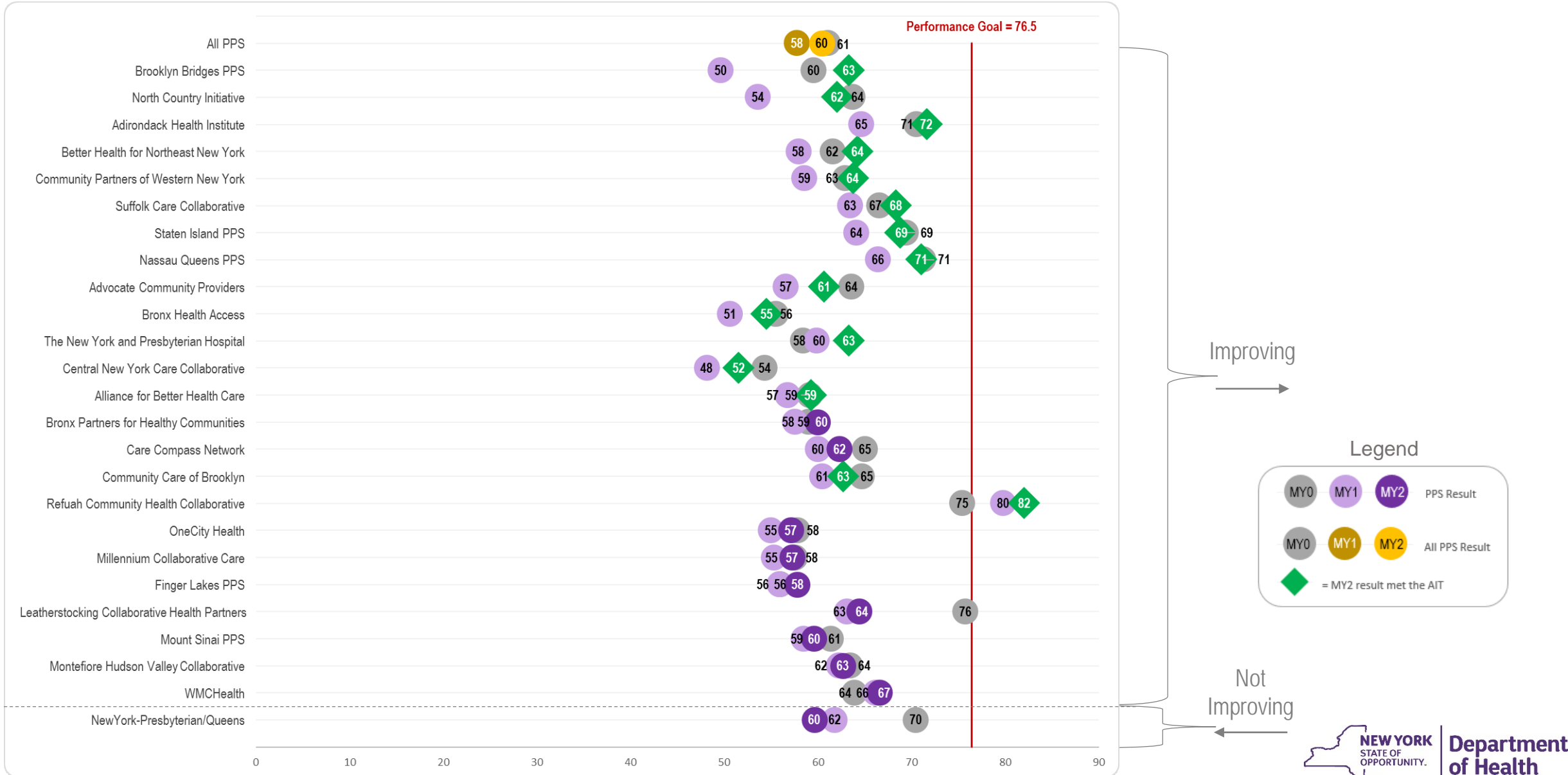
Improving ←

→ Not Improving

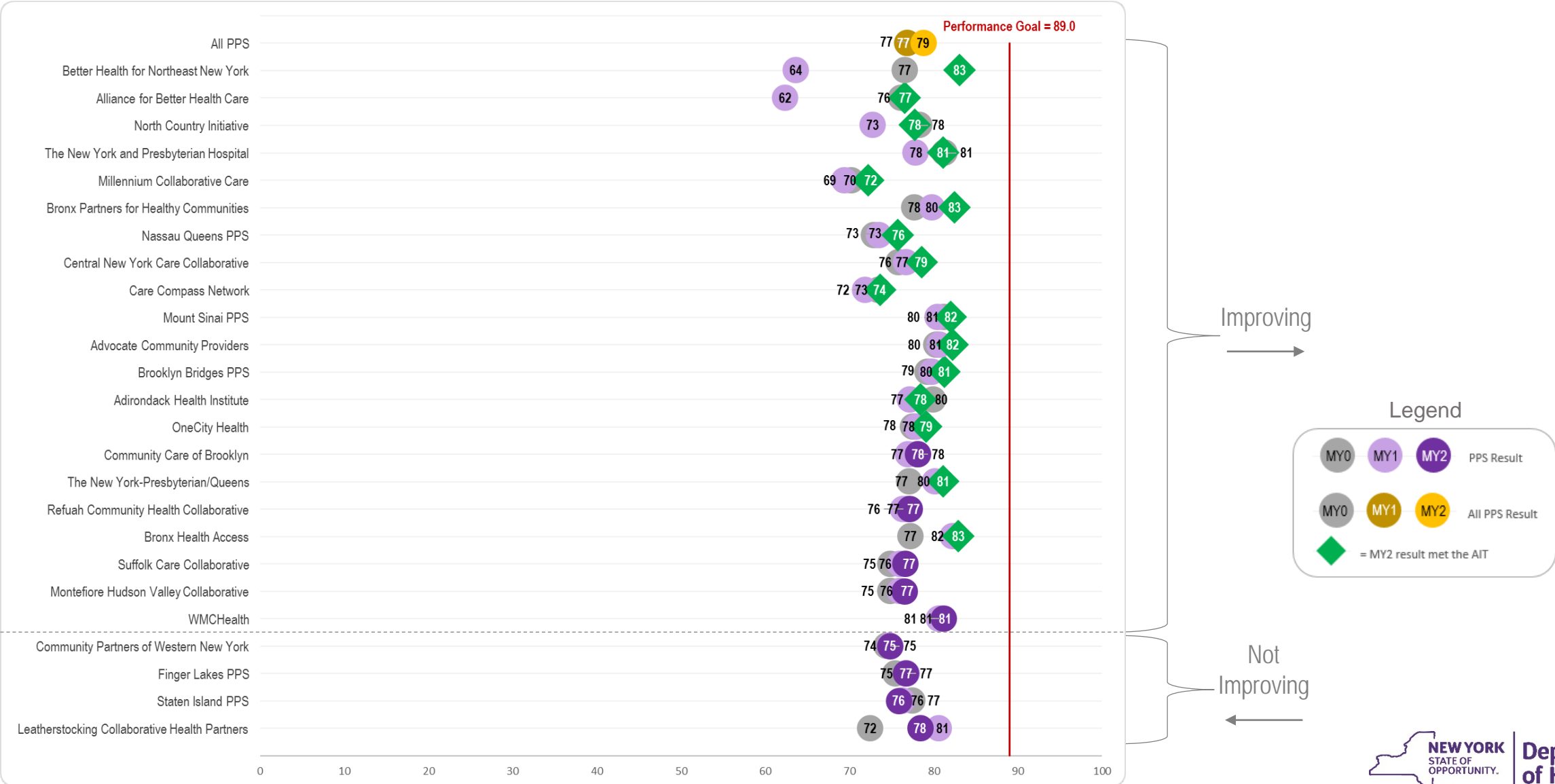
**Legend**

- MY0 (grey circle) MY1 (purple circle) MY2 (dark purple circle) PPS Result
- MY0 (grey circle) MY1 (yellow circle) MY2 (orange circle) All PPS Result
- ◆ = MY2 result met the AIT

# Adherence to Antipsychotic Medications for People with Schizophrenia: 15 of 25 PPS met MY2 AIT



# Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication: 16 of 25 PPS Met MY2 AIT



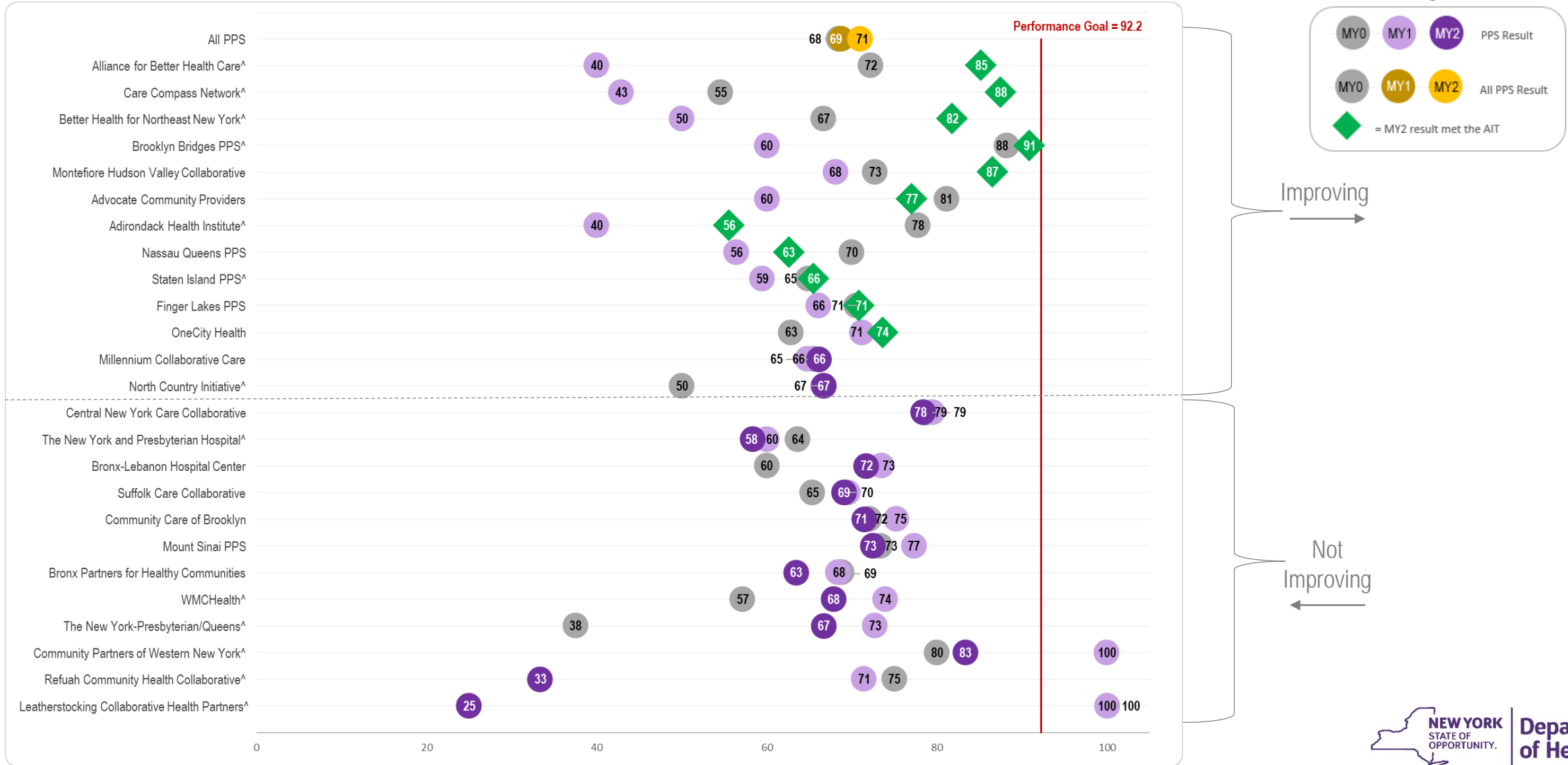
# Diabetes Monitoring for People with Diabetes and Schizophrenia ^

^ Rates may not be stable due to small numbers (< 30) in denominator



# Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia ^

^ Rates may not be stable due to small numbers (< 30) in denominator





# Appendix B

## P4P Measures in MY3-MY4

# Domain 2 measures turning P4P during MY3

Projects	Measures
2.a.i – 2.a.v 2.b.i – 2.b.ix 2.c.i – 2.c.ii	<ol style="list-style-type: none"> <li>1. Adult Access to Preventive or Ambulatory Care</li> <li>2. Children's Access to Primary Care</li> <li>3. PDI 90: Composite of all measures</li> <li>4. PQI 90: Composite of all measures</li> <li>5. Potentially Avoidable Emergency Room Visits</li> <li>6. Potentially Avoidable Readmissions</li> <li>7. C&amp;G CAHPS:               <ol style="list-style-type: none"> <li>1. Care Coordination with provider about care received from other providers</li> <li>2. Getting Timely Appointments, Care and information</li> <li>3. Primary Care - Length of Relationship</li> <li>4. Primary Care - Usual Source of Care</li> </ol> </li> <li>8. H-CAHPS<sup>1</sup> <ol style="list-style-type: none"> <li>1. Care Transition Metrics</li> </ol> </li> </ol>
2.d.i.	<ol style="list-style-type: none"> <li>1. PAM Score<sup>1</sup></li> <li>2. Non-use of primary and preventive care services</li> <li>3. ED use by the uninsured</li> <li>4. C&amp;G CAHPS for uninsured<sup>1</sup>:               <ol style="list-style-type: none"> <li>1. Getting timely appointments, care, and information</li> <li>2. Helpful, courteous, and respectful office staff</li> <li>3. How well providers (or doctors) communicate with patients</li> <li>4. Patients' rating of the provider (or doctor)</li> </ol> </li> </ol>

1. Non-claims based measure

# Domain 3 measures turning P4P in MY3

Projects	Measures
3.a.i – 3.a.iv	1. Screening for Clinical Depression and follow-up <sup>1</sup>
3.b.i – 3.b.ii	<ol style="list-style-type: none"> <li>1. Statin Therapy for Patients with Cardiovascular Disease               <ol style="list-style-type: none"> <li>a. Received Statin Therapy</li> <li>b. Statin Adherence 80%</li> </ol> </li> <li>2. Controlling High Blood Pressure<sup>1</sup></li> <li>3. Aspirin Use</li> <li>4. Discussion of Risks and Benefits of Aspirin Use</li> </ol>
3.b.i – 3.b.ii, 3.c.i – 3.c.ii, 3.e.i, 3.h.i	<ol style="list-style-type: none"> <li>1. C&amp;G CAHPS: Health Literacy<sup>1</sup> <ol style="list-style-type: none"> <li>a. Instructions Easy to Understand</li> <li>b. Describing How to Follow Instructions</li> <li>c. Explained What to do if Illness Got Worse</li> </ol> </li> <li>2. Medical Assistance with Smoking and Tobacco Use Cessation               <ol style="list-style-type: none"> <li>a. Advised to Quit</li> <li>b. Discussed Cessation Medication</li> <li>c. Discussed Cessation Strategies</li> </ol> </li> </ol>
3.c.i – 3.c.ii	<ol style="list-style-type: none"> <li>1. Comprehensive Diabetes screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)</li> <li>2. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%)<sup>1</sup></li> </ol>
3.e.i	<ol style="list-style-type: none"> <li>1. Cervical Cancer Screening</li> <li>2. Viral Load Suppression<sup>1</sup></li> </ol>
3.f.i	<ol style="list-style-type: none"> <li>1. Prenatal and Postpartum Care: Timeliness of Prenatal Care</li> <li>2. Prenatal and Postpartum Care: Postpartum Visits</li> <li>3. Frequency of Ongoing Prenatal Care (81% or more) <sup>1</sup></li> <li>4. Well Care Visits in the first 15 months (5 or more Visits)</li> <li>5. Childhood Immunization Status (Combination 3) <sup>1</sup></li> <li>6. Lead Screening for Children <sup>1</sup></li> </ol>

# All Domain measures turning P4P in MY4

Projects	Measures
3.a.i – 3.a.iv	<ol style="list-style-type: none"> <li>1. Follow-up care for Children Prescribed ADHD Medications (initiation phase and continuation phase)</li> <li>2. Screening for Clinical Depression and follow-up<sup>1</sup></li> </ol>
3.b.i – 3.b.ii	<ol style="list-style-type: none"> <li>1. Statin Therapy for Patients with Cardiovascular Disease               <ol style="list-style-type: none"> <li>a. Received Statin Therapy</li> <li>b. Statin Adherence 80%</li> </ol> </li> <li>2. Controlling High Blood Pressure<sup>1</sup></li> <li>3. Aspirin Use<sup>1</sup></li> <li>4. Discussion of Risks and Benefits of Aspirin Use<sup>1</sup></li> </ol>
3.b.i – 3.b.ii, 3.c.i – 3.c.ii, 3.e.i, 3.h.i	<ol style="list-style-type: none"> <li>1. C&amp;G CAHPS: Health Literacy<sup>1</sup> <ol style="list-style-type: none"> <li>a. Instructions Easy to Understand</li> <li>b. Describing How to Follow Instructions</li> <li>c. Explained What to do if Illness Got Worse</li> </ol> </li> <li>2. Medical Assistance with Smoking and Tobacco Use Cessation<sup>1</sup> <ol style="list-style-type: none"> <li>a. Advised to Quit</li> <li>b. Discussed Cessation Medication</li> <li>c. Discussed Cessation Strategies</li> </ol> </li> </ol>
3.c.i – 3.c.ii	<ol style="list-style-type: none"> <li>1. Comprehensive Diabetes screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)</li> <li>2. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%)<sup>1</sup></li> </ol>
3.e.i	<ol style="list-style-type: none"> <li>1. Cervical Cancer Screening</li> <li>2. Viral Load Suppression<sup>1</sup></li> </ol>
3.f.i	<ol style="list-style-type: none"> <li>1. Prenatal and Postpartum Care: Timeliness of Prenatal Care</li> <li>2. Prenatal and Postpartum Care: Postpartum Visits</li> <li>3. Frequency of Ongoing Prenatal Care (81% or more) <sup>1</sup></li> <li>4. Well Care Visits in the first 15 months (5 or more Visits)</li> <li>5. Childhood Immunization Status (Combination 3) <sup>1</sup></li> <li>6. Lead Screening for Children <sup>1</sup></li> </ol>
3.g.i – 3.g.ii	<ol style="list-style-type: none"> <li>1. % of patients indicating need who were offered or provided an intervention for pain symptoms experienced during the past week</li> <li>2. % of patients indicating need who were offered or provided an intervention for physical symptoms (other than pain) experienced during the past week</li> <li>3. % of patients indicating need who were offered or provided an intervention for not feeling at peace during the past week</li> <li>4. % of patients indicating need who were offered or provided an intervention for depressive feelings experienced during the past week</li> <li>5. % of patients who were offered or provided an intervention when there was no advance directive in place</li> </ol>