



**Department
of Health**

Medicaid
Redesign Team

WEBINAR: DSRIP Performance Measures: Annual Improvement Targets and Baselines- Domain 2 and 3 only

May 15, 2015

Presentation Overview

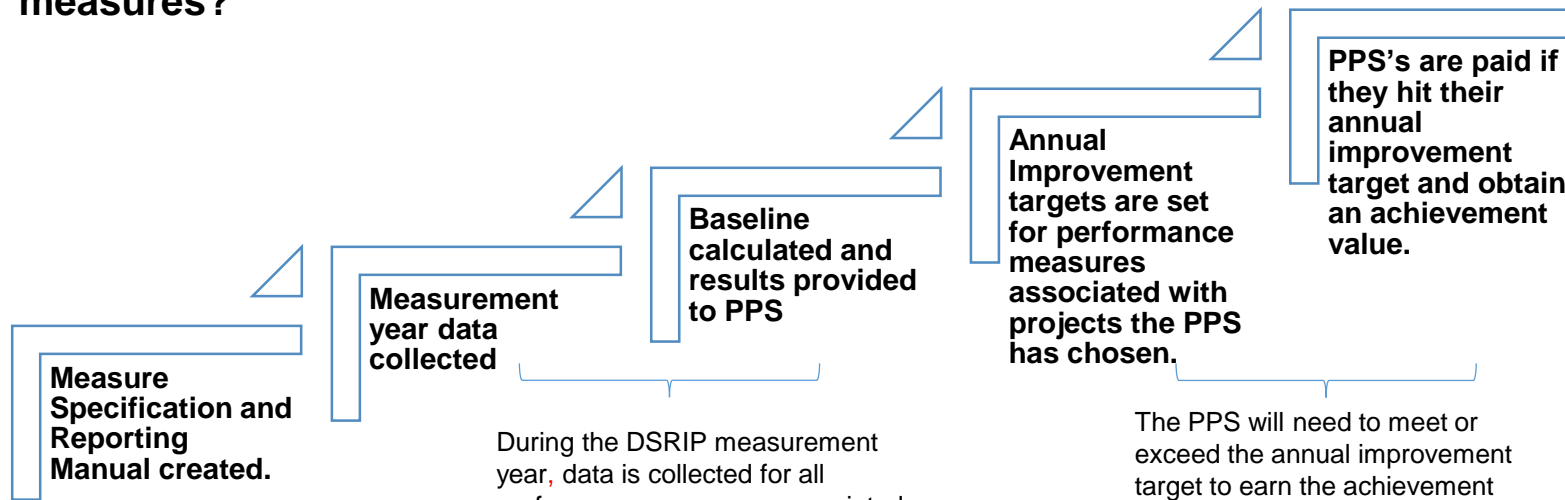
- Purpose of presentation
- Performance Measures, Measurement Specification and Reporting Manual, and Baseline Results
- Recap: Baseline Measures
- Recap: Process of Performance Goal Setting, Annual Improvement Targets and Achievement Values
- Performance Baseline Measure Results: file explanation
- Interpretation of Baseline Results
- Small Denominator Rules
- Scenario Overview

Purpose of presentation

- This presentation provides PPSs with details about:
 - Baseline measures results and how they are calculated
 - A detailed explanation on performance goals and the process of annual improvement target setting
 - A brief overview about how results are used in determining earned achievement values
 - Outlines when a PPS can achieve high performance targets
- Provides an explanation of the information contained in the baseline measure results file that each PPS will receive and how to use/interpret this file.
- Answers key questions a PPS may have
- Explains scenarios when baseline results fall above or below statewide performance goals

Performance Measures, Measurement Specification Manual and Baselines

How does the Measurement Specification and Reporting Manual link to my applicable performance measures?



The Measure Specification and Reporting Manual outlines official Domain 1 to 4 performance measures, describes how performance measures will be calculated (Domains 2 and 3), and includes a description of numerators and denominators.

During the DSRIP measurement year, data is collected for all performance measures associated with the projects the PPS selected and the PPS result is calculated using this data.

The State will calculate annual improvement target values using the most recent PPS result that will be used for the next measurement year.

The PPS will need to meet or exceed the annual improvement target to earn the achievement value for measures that are pay-for-performance. Pay-for-reporting measures will earn the achievement value for the PPS result alone.

Each subsequent year the PPS will report data and annual improvement targets will be set.

Measurement Year (MY)	Measurement Year Period
0	July 1, 2013-June 30, 2014
1	July 1, 2014- June 30, 2015
2	July 1, 2015- June 30, 2016
3	July 1, 2016- June 30, 2017
4	July 1, 2017- June 30, 2018
5	July 1, 2018- June 30, 2019

For all applicable Domain 2 and 3 measures

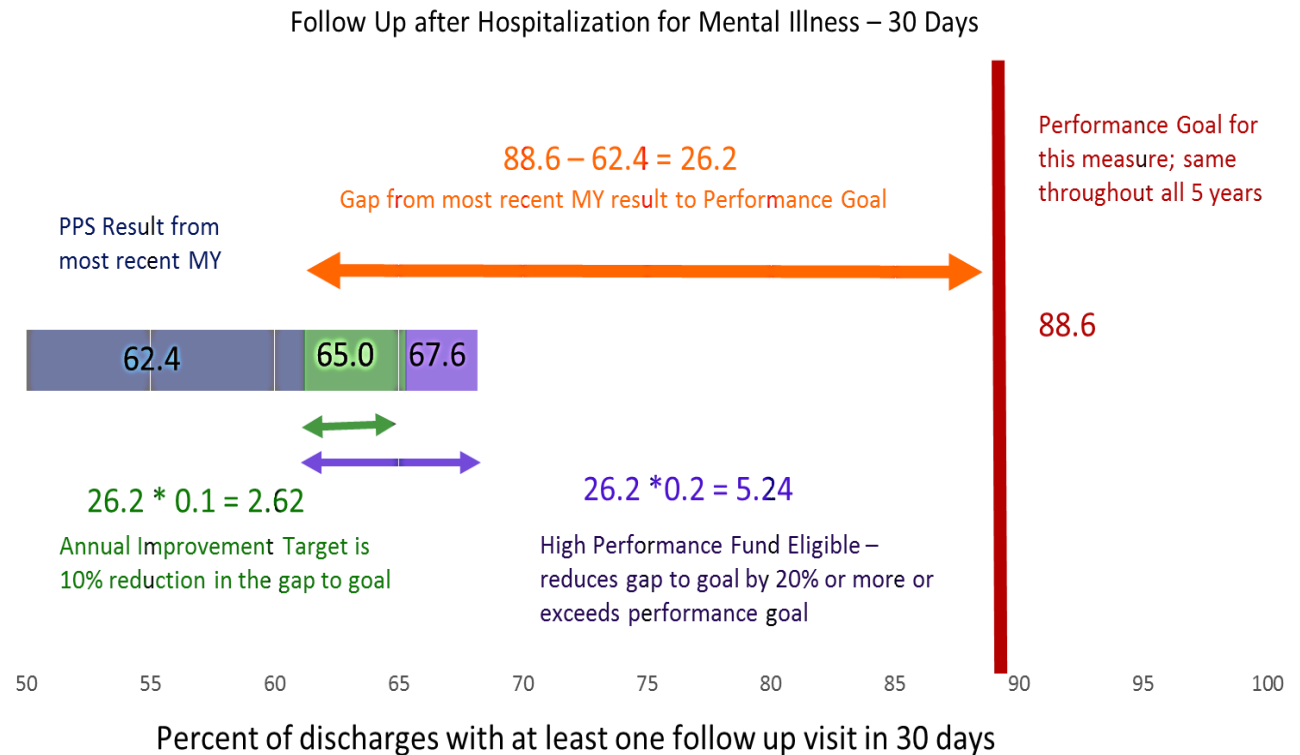
Recap: Baseline Measures

- For all applicable Domain 2 and Domain 3 metrics, a baseline result is calculated for each metric for each PPS
- Measure results are calculated according to the methodology outlined in the Measure Specification and Reporting Manual (https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/dsrip_specif_report_manual.pdf)
- For measures that are calculated with claims/encounters, data from July 1, 2013 – June 30, 2014 was used for baseline. UAS-NY measure results are based on assessments conducted from January to June 2014
- The baseline results mark the starting point of DSRIP Measurement Year 1 from which PPS will have to demonstrate improvement towards the Statewide Performance Goal on an annual basis
- A Statewide Performance Goal has been established for each measure using the top decile zip code results for NYS Medicaid managed care for 2013
- ‘Gap to goal’ is the process by which the annual improvement target is set for a specific measurement year. The most current PPS measurement year (MY) result is used to determine the gap between this result and the measure’s performance goal, and then 10% of that gap is added to this result to establish the annual improvement target for the next measurement year. Each subsequent year will continue to be set with an annual improvement target using the most recent year’s result
- A High Performance Fund has been established and is comprised of funds available for a PPS when they achieve high performance through two methods: 1) achieving a reduction in gap to goal by 20% or more in any annual measurement period for a high performance eligible measure; or 2) meeting or exceeding the measure’s performance goal for the measurement period for a high performance eligible measure.
- The ‘Performance Measures Baseline Results’ file (sent out on May 27, 2015) can be used to identify where the PPS begins, what their annual improvement target has been set to, the result a PPS must achieve to access the High Performance Fund, and how the PPS compares to the Statewide Performance Goal.

Recap: Process of Setting Annual Improvement Targets and High Performance

- Statewide performance goals are fixed throughout DSRIP measurement years.
- Each year, an annual improvement target is set for each PPS for all P4P measures in Domain 2 and 3.*
- The **annual improvement target** is established by determining a small percentage (10%) of the difference between the PPS' most recent result and the performance goal, and then adding that value to the most recent performance PPS result.
- Annual improvement targets are created for each measure at the beginning of the DSRIP measurement year.
- The PPS must meet or exceed the annual improvement target by the end of the measurement year to achieve the value associated with the measure and overall percentage of achievement values drives payment. When a PPS achieves the annual improvement target (PPS recent result + 10%) + (PPS recent result) the Independent Assessor will assign an achievement value and the state will distribute DSRIP dollars.
- When a PPS achieves 'High Performance' or PPS recent result + 20% for one of the 10 measures eligible for High Performance Fund, the PPS would receive additional payment.

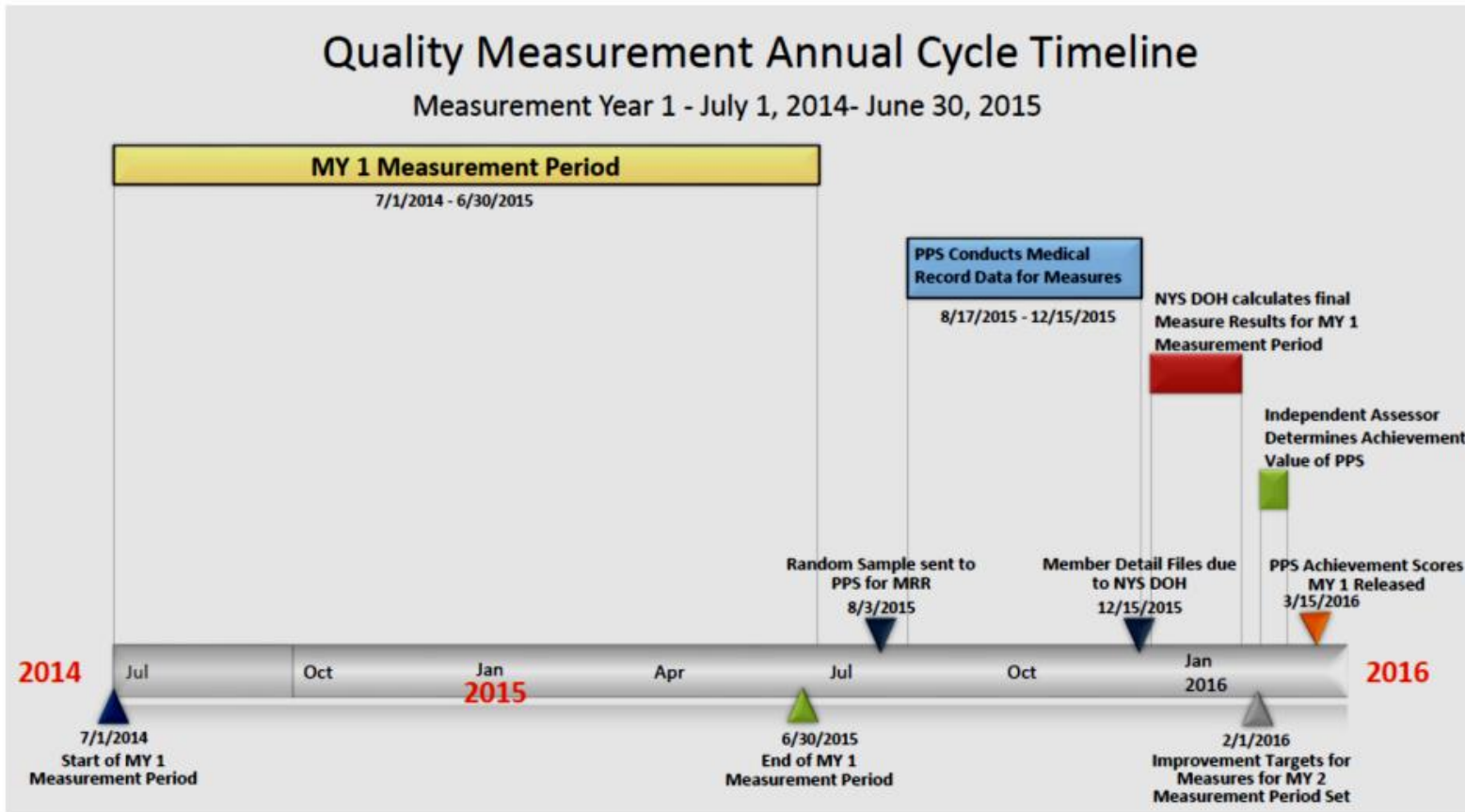
PERFORMANCE GOAL, ANNUAL IMPROVEMENT AND HIGH PERFORMANCE



*Exception are three measures associated with the Patient Activation for Uninsured project (2.d.i). PPS will achieve value for these measures based on ratio or trending as noted in the manual.

Recap: Annual Measurement Cycle Timeline

*** NOTE: The measurement year is a 12 month period. Several measures are collected through medical record review or from a satisfaction survey. These data are collected after the measurement year, but the services or experience being captured through this collection are occurring in the measurement year.**



Measurement Year (MY)	Measurement Year Period
0	July 1, 2013-June 30, 2014
1	July 1, 2014- June 30, 2015
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3	July 1, 2016- June 30, 2017
4	July 1, 2017- June 30, 2018
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Performance Measure Baseline Results File: an Example

Performance measure baseline results have been calculated for each applicable measure for a PPS. Baseline results have been calculated using the methodology outlined in the Measurement Specification and Reporting Manual. When the PPS obtains their baseline measure result file (separate from the reporting manual), they should reference the Measurement Specification and Reporting Manual to understand how a measure was calculated. Several measures in the reports do not have results or improvement targets because the data is not available; Measurement year 1 results will be used as the baseline for these measures.

In addition, the baseline file contains the PPS performance measure results and includes the annual improvement target for Measurement Year 1.

PPS Performance Baseline Results File

PPS Name	Project ID	Project Name	Measure Result Name	Baseline Numerator	Baseline Denominator	Baseline Result (BLR)	Unit Label	Annual Improvement Target	High Performance Goal	Performance Goal
PPS A	2.a.i	Create Integrated Delivery System	Adult Access to Preventive or Ambulatory Care	12397	16072	77.13414634	Percentage	78.52920125		91.0846954
PPS A	2.a.i	Create Integrated Delivery System	Adult Access to Preventive or Ambulatory Care	5754	6772	84.96751329	Percentage	85.90592505		94.3516309



Information provided in the Measurement Specification and Reporting Manual

Measure Name	Projects Associated with Measure	Numerator Description	Denominator Description	Performance Goal, High Perf Elig, Statewide measure	Achievement Value
Adult Access to Preventive or Ambulatory Care – 20 to 44 years	2.a.i – 2.a.v, 2.b.i – 2.b.ix, 2.c.i – 2.c.ii	Number of adults who had an ambulatory or preventive care visit during the measurement year	Number of adults ages 20 to 44 as of June 30 of the measurement year	91.1% # SW measure	0.33 if annual improvement target or performance goal met or exceeded
Adult Access to Preventive or Ambulatory Care – 45 to 64 years	2.a.i – 2.a.v, 2.b.i – 2.b.ix, 2.c.i – 2.c.ii	Number of adults who had an ambulatory or preventive care visit during the measurement year	Number of adults ages 45 to 64 as of June 30 of the measurement year	94.4% # SW measure	0.33 if annual improvement target or performance goal met or exceeded

Performance Measure Baseline Results Files: What do the columns mean?



Definitions

PPS Name	Project ID	Project Name	Measure Result Name	Baseline Numerator	Baseline Denominator	Baseline Result (BLR)	Unit Label	Annual Improvement Target	High Performance Goal	Performance Goal
PPS A	2.a.i	Create Integrated Delivery System	Adult Access to Preventive or Ambulatory Car	12397	16072	77.13414634	Percentage	78.52920125		91.0846954
PPS A	2.a.i	Create Integrated Delivery System	Adult Access to Preventive or Ambulatory Car	5754	6772	84.96751329	Percentage	85.90592505		94.3516309

Column Header	Description
PPS Name	Name of PPS
Project ID	Project number
Project Name	Name of DSRIP project a PPS has selected
Measure Result Name	Name of the performance measure
Baseline Numerator	The numerator is calculated using measurement year data and the PPS's specific attributed population. Numerator values are calculated using the numerator criteria that is outlined in the Measurement Specification and Reporting Manual.
Baseline Denominator	The denominator is calculated using measurement year data and the PPS's specific attributed population. Denominator values are calculated using the denominator criteria that is outlined in the Measurement Specification and Reporting Manual.
Baseline Result (BLR)	PPS attributed populations are used to calculate the baseline result using the numeric values already calculated for baseline numerators and denominators.
Unit Label	Unit of measurement at which measure is calculated
Annual Improvement Target	The annual improvement target is the baseline result calculated as the baseline + 10% of the difference between baseline and the statewide performance goal
High Performance Goal	This is the value calculated that a PPS must achieve to be able to obtain the High Performance Funds. It is the baseline result plus 20% of the difference between the baseline result and the statewide performance goal.
Performance Goal	A Statewide benchmark that has been established for all Domains 2 and 3 measures.

Baseline Results Interpretation- Key Questions

What is the High Performance Fund?
When will I be eligible?

Performing Provider Systems who have achieved results more than the high performance goal or above the Statewide Performance Goal, for a measure eligible for high performance, will be eligible for additional payment from the DSRIP high performance fund. This fund will not exceed 30 percent of a PPS's DSRIP project value.

The High Performance Funds (HPF) are divided into Tier 1 and Tier 2 money: 50% is dedicated to Tier 1 payments, and 50% to Tier 2 payments.

1. Tier 1 payments are reserved for providers whose performance closes the gap between their current performance and the high performance level by at least 20 percent
2. Tier 2 payments are for providers whose performance meets or exceeds the Statewide Performance Goal.

What do missing values mean in the baseline results file?

When a baseline target has not been set, there will be no numeric value and the cell will be empty. In these instances, baseline results cannot be set, because there is insufficient information or the data has not been collected yet (i.e., measures obtained from medical record review or from the Clinician & Group Consumer Assessment of Healthcare Providers and Systems (C & G CAHPS) survey).

Baseline Results Interpretation- Key Questions

What if my denominator is less than 30 for baseline?

Certain measures may have denominators less than 30. The file will contain the PPS denominator, numerator and results, but caution should be used in comparing this result to the performance goal. Results based on less than 30 are considered insufficient to determine a statistically sound result. In order to provide as much information to the PPS, the actual measure data is provided.

Results for measures with insufficient denominators will not be included in achievement values.

What happens for achievement values if a measure result denominator is <30?

For measures with denominators <30:

1. The PPS result will be shown in the baseline file. The annual improvement target and high performance goal (if eligible) will also be included for information. If the PPS denominator for the current measurement year remains less than 30, the result will not be used for achievement value determination.
2. The minimum denominator size for all metrics is 30. This limit has been set using academic journals and AHRQ materials.
3. For any measure, there must be 2 consecutive years in which the denominator is 30 or more in order for the PPS to obtain the achievement value and receive payment.
4. The achievement values associated with the measure are removed from the base of the achievement values. **The PPS is not penalized by having denominators less than 30.**

What happens if there is a change in measure specifications?

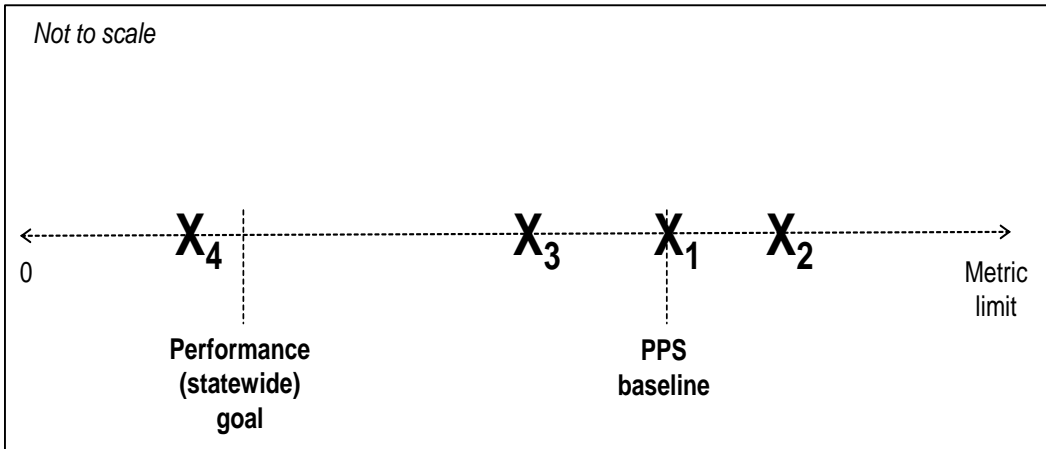
When a measure's specifications change (numerator and denominator criteria), these changes will not affect a PPS's achievements in the past. For future calculations the impact of measurement changes on performance will be evaluated. If it is significant, the use of the baselines and the assignment of Achievement Values will be re-evaluated.

Scenario 1: PPS Measure Results and Statewide Performance Goal

Scenario 1: What if my baseline result is equal to or higher than statewide performance goal? How is my annual improvement target determined?

Since there is no gap between the PPS result and the Performance Goal for the measure, the annual improvement target will be the same as the baseline result.

In P4P years, the PPS will receive the achievement value for results as long as the result remains above the Performance Goal.



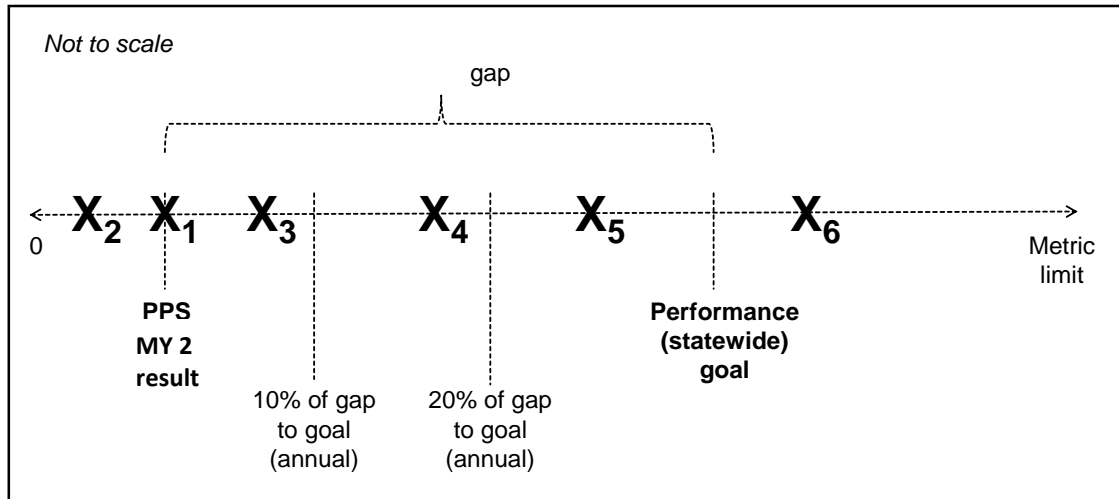
PPS MY 2 to X change	Result to payment for P4P measures
X1: no change	Achievement value is awarded and PPS receives the payment associated with the achievement.
X2: increase	Achievement value is awarded and PPS receives the payment associated with the achievement.
X3: decrease, but stays above performance goal	Achievement value is awarded and PPS receives the payment associated with the achievement.
X4: decrease below the performance goal	No achievement value → PPS does not receive the payment associated with this metric since this reduction may harm the State’s ability to hit the overall statewide goals. For the next year, the PPS must move at least 10% from X4 back towards the statewide goal in order to be eligible for an achievement value.

NOTE: Assume that the denominator size meets the minimum. If this is not the case, no achievement value may be awarded to the metric.

Scenario 2: Understanding PPS Measure Results and Achievement Value Awards

Scenario 2: What if my Measurement Year 3 result is lower than statewide performance goal?

The Statewide Performance Goal is equivalent to the 90th percentile of Medicaid managed care performance (zip code level).



PPS MY 2 to X change	Result to payment for P4P measures
X1: no change	No achievement value (must improve at least 10% on gap to goal) → no payment for this metric.
X2: decrease	No achievement value (must improve at least 10% on gap to goal) → no payment for this metric.
X3: increase < annual improvement target	No achievement value (must improve at least 10% on gap to goal) → no payment for this metric.
X4: increase between annual improvement target and high performance	Achievement value given → PPS receives the payment associated with this achievement.
X5: increase > 20% gap to goal but below performance goal	Achievement value given → PPS receives the payment associated with this achievement. If measure is eligible for High Performance, additional payment achieved.
X6: result > performance goal	Achievement value is awarded and PPS receives the payment associated with the achievement.

NOTE: Assume that the denominator size meets the minimum. If this is not the case, no achievement value may be awarded to the metric.

Questions and Comments should be addressed to:

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