



**Department  
of Health**

**Medicaid  
Redesign Team**

# **Delivery System Reform Incentive Payment (DSRIP) Domain 2 – 4 Achievement Values (AVs)**

**Presented: June 18, 2015**

# Agenda

- Introduction
- What is an Achievement Value (AV)?
- Reporting and Payment Schedule
- Domain 2 & 3 Principles
- Domain 4 Principles
- What's Next?
- Questions

# Introduction

- Today's presentation will focus on earning AVs for Domains 2 – 4  
Earning AVs for Domain 1 was covered on the April 21, 2015 webinar
- The contents of the presentation include:
  - Overview of Domain 2-4 AVs
  - A brief refresher on reporting periods and payment periods
  - Pay-for-performance requirements, including gap-to-goal calculation methods
  - Pay-for-reporting requirements
  - Examples of a Domain 3 and 4 project and potential AVs
- A subsequent webinar will cover payment calculation processes based on earned AVs, project valuation, and CMS guidelines

# What is an Achievement Value (AV)?

- **Achievement Values (AVs)** are the points given for achieving milestones in a given reporting period for Domains 1-4; in domains 2-4, AVs are based on improvement of quality performance measures or quality measure reporting.
- AVs are typically calculated as either a 1 or 0, which correlates to either “meeting” or “not meeting” a milestone.

*Note:* some measures may be assigned partial AVs because they are members of measure groups with delineated populations

- **Pay-for-Performance AVs** are AVs earned through improving quality performance (by 10%) for individual measures based on PPS-specific baseline results for each measure and the state performance targets for each measure.
- **Pay-for-Reporting AVs** are AVs earned for measures regardless of performance; some measures require PPS cooperation in reporting.
- **Domain 1 AVs** were covered in the April 21, 2015 webinar.

# Pay-for-Performance Funding Distribution

- DSRIP Annual Funding is distributed by Domain and P4R and P4P payment percentages in accordance with STCs
- Over the life of the waiver, funding shifts from process milestones (Domain 1) and reporting (P4R) to performance (P4P)

Domain	Payment	Annual Funding Percentages*				
		DY1	DY2	DY3	DY4	DY5
Domain 1 (Project Process Milestones)	P4R	80%	60%	40%	20%	0%
Domain 2 (System Transformation and Financial Stability Milestones)	P4P	0%	0%	20%	35%	50%
	P4R	10%	10%	5%	5%	5%
Domain 3 (Clinical Improvement Milestones)	P4P	0%	15%	25%	30%	35%
	P4R	5%	10%	5%	5%	5%
Domain 4 (Population Health Outcomes)	P4R	5%	5%	5%	5%	5%

\*Percentages shift according to project valuation by PPS.

# Domain 2 and 3 Principles

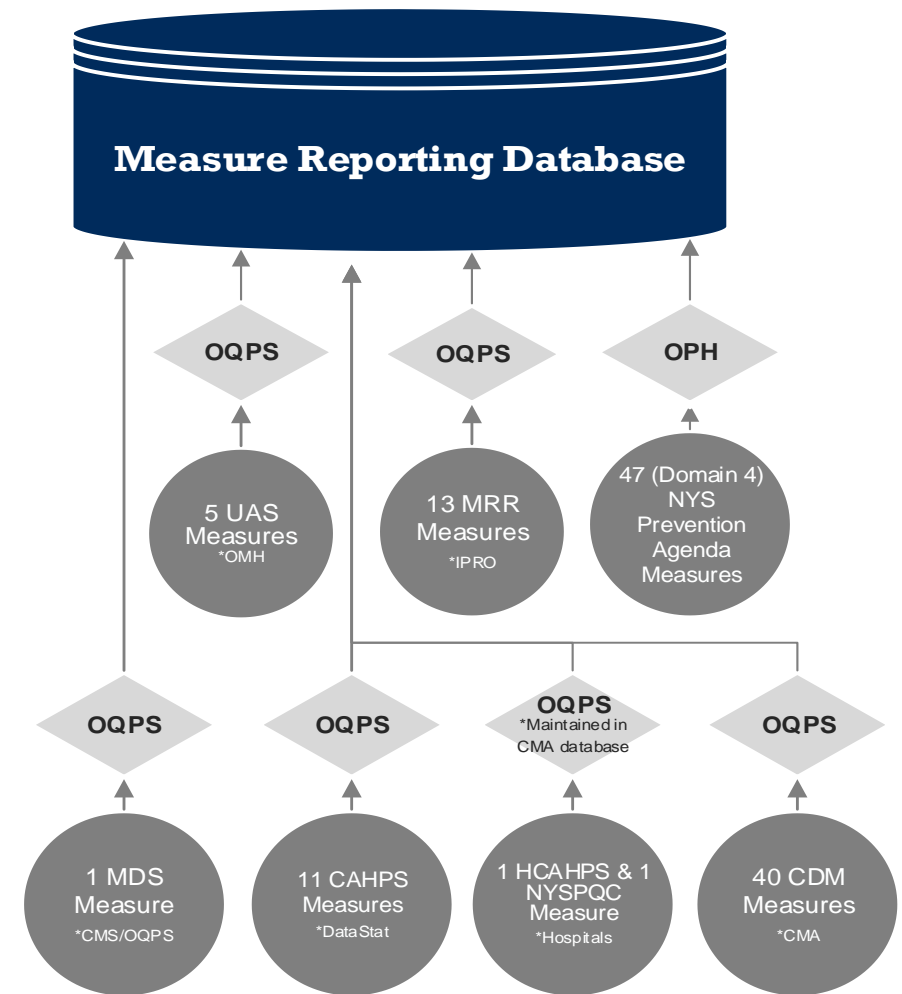
- Domains 2 and 3 are comprised of 19 and 47 Achievement Values, respectively
  - Each quality measure is generally assigned one AV; measures and associated AVs can be found in the DSRIP Measure and Specification Guide
  - As noted previously, some AVs may be comprised of measure groups with delineated populations
  - Pay for Performance (P4P) is based on reducing gap-to-goal by 10%
  - Pay for Reporting (P4R) is based on successful reporting/collection of data
- Sample measures:
  - Potentially avoidable Emergency Room visits
  - Getting timely appointments, care, and information

Domain	AVs	Measures
Domain 2 Projects*	15	22
Project 2.d.i	4	7
Projects 3.a.i - 3.a.iv	10	14
Project 3.a.v	2	2
3.b Projects	8	12
3.c. Projects	7	9
3.d Projects	4	5
Project 3.e.i	7	9
Project 3.f.i	7	8
3.g Projects	5	5
Project 3.h.i	7	9

\*Excluding project 2.d.i

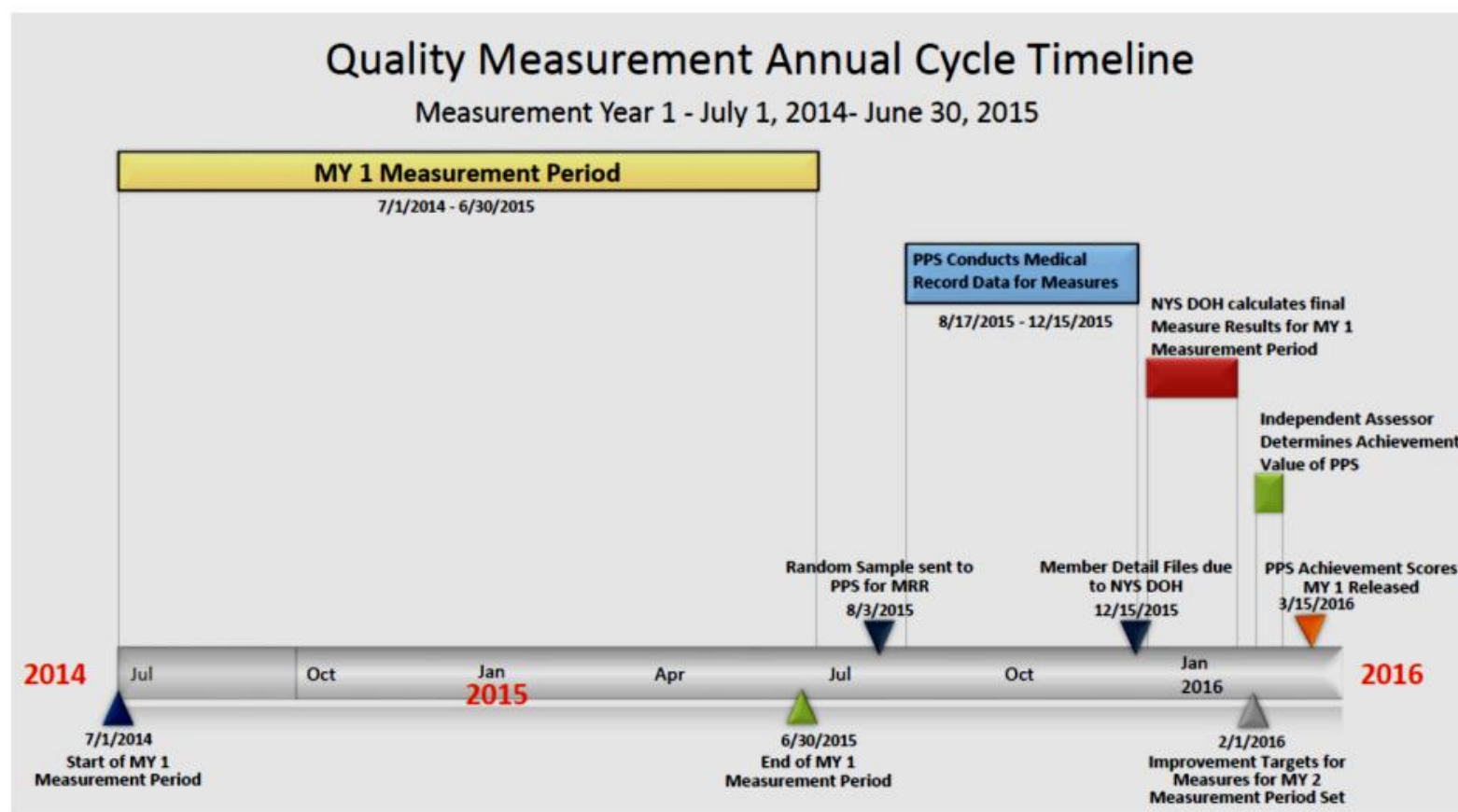
# Domain 2 and 3 Principles

- Domain 2 and 3 Measure data sources:
  - Domain 2 – Most measures are claims-based (Grouper/CDM) , a smaller proportion are survey-based (CAHPS) or are medical records-based.
  - Domain 3 – Most measures are claims-based (CDM/Grouper/MDS) and a smaller proportion are survey-based or have alternative data sources (i.e. CAHPS/UAS-NY/NYSPQC).
  - The DSRIP measure and Specification Guide outlines each measure and applicable data sources.
  - As shown in the diagram, measures are consolidated in one reporting database from various data sources; various DOH agencies



# Annual Quality Measurement Timeline

The graphic below developed OQPS demonstrates key annual milestones in quality measurement process. This timeline includes example timeframes for sampling and collection of medical records for measures requiring Medical Record Reviews.



\* NOTE: There are variations in some of the measures such as the medical record review and CAHPS measures.



# Reporting and Payment Schedule

- There are 2 semi-annual payment periods per DSRIP Year (DY1 – DY3 illustrated below)
- Quarterly reporting is required for Domain 1 Process Measures only; Domain 2-4 AVs are tied to semi-annual payments based primarily on measures calculated annually

DSRIP Year	DSRIP Year Date Range	Payments / Quarter Reporting Period End Date	Measurement Period Used for Domain 2-3 AVs
DY1	4/1/2015 to 3/31/2016	Payment 1: Q2 (9/30/2015)	N/A
		Payment 2: Q4 (3/31/2016)	Measurement Year 1 7/1/2014 to 6/30/2015
DY2	4/1/2016 to 3/31/2017	Payment 1: Q2 (9/30/2016)	Measurement Year 1 7/1/2014 to 6/30/2015
		Payment 2: Q4 (3/31/2017)	Measurement Year 2 7/1/2015 to 6/30/2016
DY3	4/1/2017 to 3/31/2018	Payment 1: Q2 (9/30/2017)	Measurement Year 2 7/1/2015 to 6/30/2016
		Payment 2: Q4 (3/31/2018)	Measurement Year 3 7/1/2016 to 6/30/2017

Note: DY4 – DY5 will follow similar timelines



# Domain 2 and 3 Principles

- Due to the difference between the DSRIP year reporting periods to the payment periods, annual measurements are “carried over” to the following payment period
- For example: The measurement results calculated for the second DY3 payment (Q4) will be the same results used to determine payment for the first DY4 payment (Q2). A PPS that earns the AV for a measure in DY3, Q4 will also receive that AV for DY4, Q2

MY	Measurement Period	DSRIP Semi Annual Payment Periods									
		DY1, P1	DY1, P2	DY2, P1	DY2, P2	DY3, P1	DY3, P2	DY4, P1	DY4, P2	DY5, P1	DY5, P2
0	7/1/13 – 6/30/14	✓									
1	7/1/14 – 6/30/15		✓ → ✓								
2	7/1/15 – 6/30/16			✓ → ✓							
3	7/1/16 – 6/30/17					✓ → ✓					
4	7/1/17 – 6/30/18								✓ → ✓		
5	7/1/18 – 6/30/19										✓

The AV generated from the Measurement Period 7/1/16 – 6/30/17 will be applicable for BOTH DY3 Payment #2 and DY4, Payment #1

# Domain 2 &3 Principles – Improvement Targets

Domain 3 Measure	Measurement Type	% Improvement Gap to Goal	AV
Adherence to Antipsychotic Medications for People with Schizophrenia	Performance	>10%	1

Performance Goal [%]	PPS Result Last Year [%]	Gap Amount	Annual Increment	Improvement Target [%]	PPS Result [%]
76.50	63.50	13.00	1.30	64.80	65.00

The gap amount is the performance goal minus PPS result last year.

Annual increments are calculated from ten percent of the gap amount.

Since this year's PPS result is greater than the set Improvement Target, the PPS has closed the gap to performance goal by greater than 10%, so AV = 1.

State-wide benchmarks have been established for each performance measure

The previous year's PPS measurement result is used to calculate this year's improvement target

Improvement targets are set by adding the annual increment and previous year's PPS measurement result.

# Domain 2 & 3 Principles – How AVs are Scored

P4P/R	Performance Measure	AV
P4R	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	0.5 out of 0.5
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	0.5 out of 0.5
	Screening for Clinical Depression and follow-up	0 out of 1
P4P	Adherence to Antipsychotic Medications for People with Schizophrenia	1 out of 1
	Antidepressant Medication Management - Effective Acute Phase Treatment	0.5 out of 0.5
	Antidepressant Medication Management - Effective Continuation Phase Treatment	0.5 out of 0.5
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	0 out of 1
	Diabetes Monitoring for People with Diabetes and Schizophrenia	1 out of 1
	Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	0 out of 1
	Follow-up after hospitalization for Mental Illness - within 30 days	0.5 out of 0.5
	Follow-up after hospitalization for Mental Illness - within 7 days	0.5 out of 0.5
	Engagement of Alcohol and Other Drug Dependence Treatment (initiation and 2 visits within 44 days)	0.5 out of 0.5
	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	0.5 out of 0.5
	Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) ±	1 out of 1

Possible P4R AVs = 2  
Earned P4R AVs = 1

PAV earned for  
P4R = 50%

Possible P4P AVs = 8  
Earned P4P AVs = 6

PAV earned for  
P4P = 75%

# Domain 2 & 3 Principles – How AVs are Scored

P4P/R	Performance Measure	AV
P4R	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase	0.5 out of 0.5
	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	0.5 out of 0.5
	Screening for Clinical Depression and follow-up	0 out of 1
P4P	Adherence to Antipsychotic Medications for People with Schizophrenia	1 out of 1
	Antidepressant Medication Management - Effective Acute Phase Treatment	0.5 out of 0.5
	Antidepressant Medication Management - Effective Continuation Phase Treatment	0.5 out of 0.5
	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	0 out of 1
	Diabetes Monitoring for People with Diabetes and Schizophrenia	0 out of 1
	Diabetes Screening for People with Schizophrenia or Bipolar Disease	0 out of 1
	Follow-up after hospitalization for Mental Illness - within 30 days	0 out of 1
	Follow-up after hospitalization for Mental Illness - within 7 days	0 out of 1
	Engagement of Alcohol and Other Drug Dependence Treatment (initiation)	0 out of 1
	Initiation of Alcohol and Other Drug Dependence Treatment (1 visit with provider)	0 out of 1
	Potentially Preventable Emergency Department Visits (for persons with mental illness)	0 out of 1

Possible P4R AVs = 2  
Earned P4R AVs = 1

PAV earned for P4R = 50%

Possible P4P AVs = 8  
Earned P4P AVs = 6

PAV earned for P4P = 75%

Note: Each project will have an applicable set of measures and AVs as outlined in this table. PPSs will earn a PAV for both Pay-for-Reporting and Pay-for-Performance *for each project*.

# Domain 2 & 3 AV Example

## Calculation of PAV for a Domain 3 Project

- This examples summarizes the calculation of PAV for a Domain 3 project. This summary reflects the payment periods, measurement periods, and measurement type (P4R / P4P).

Project	3.a.i		3.a.i	
Demonstration Year	DY2		DY3	
Payment Period	Payment 2 7/31/2017		Payment 1 1/29/2018	
Measurement Period	Measurement Year 2 7/1/2015 to 6/30/2016		Measurement Year 2 7/1/2015 to 6/30/2016	
Measure Type	Reporting	Performance	Reporting	Performance
P4R / P4P Allocation	25%*	5%*	25%*	5%*
Maximum Possible AVs	2	8	2	8
Total AVs Earned (TAV)	1	6	1	6
Percent AVs Earned (PAV)	50%	75%	50%	75%

\*Note: Percentages are subject to change as result of payment model revisions; P4P to P4R ratio is expected to remain constant.



# Domain 2 & 3 AV Example

## Calculation of PAV for a Domain 3 Project

- This examples summarizes the calculation of PAV for a Domain 3 project. This summary reflects the payment periods, measurement periods, and measurement type (P4R / P4P).

Project	3.a.i		3.a.i	
Demonstration Year	DY2		DY3	
Payment Period	Payment 2 7/31/2017		Payment 1 1/29/2018	
Measurement Period	Measurement Year 2 7/1/2015 to 6/30/2016		Measurement Year 2 7/1/2015 to 6/30/2016	
Measure Type	Reporting	Performance	Reporting	Performance
P4R / P4P Allocation	25%*	5%*	25%*	5%*
Maximum Possible AVs	2	8	2	8
Total AVs Earned (TAV)	1	6	1	6
Percent AVs Earned (PAV)	50%	75%	50%	75%

PAV is calculated as Total AVs Earned divided by Maximum Possible AVs. Domains 2 and 3 have separate PAVs for P4R and P4P. PAVs are calculated for each PPS for each project. Payment is tied directly to PAV; this process will be outlined in a subsequent webinar.

\*Note: Percentages are subject to change as result of payment model revisions; P4P to P4R ratio is expected to remain constant.

# Domain 4 Principles

- Domain 4 measures are population health outcomes calculated according to the NYS Prevention Agenda methodology
- Domain 4 measures are all Pay-for-Reporting only; At this time, it is not expected that PPS reporting will be required for Domain 4 measures. It is expected that PPSs monitor Domain 4 results and actively seek to improve population health measures.
- NY State Prevention Agenda has established state-wide indicators aligning with four priority areas:
  - Promote Mental Health and Prevent Substance Abuse
  - Prevent Chronic Disease
  - Prevent HIV/AIDS
  - Promote Health in Women, Infants, and Children



# Domain 4 Principles

Continued...

- There are 47 reporting measures, largely aggregated by PPS-specific service area (but not specific to PPS attribution)
- Each Domain 4 Measure is assigned 1 AV (there are no partial AVs in Domain 4)
- Most measures are based on population health records (SPARCS, Vital Statistics, STD Surveillance systems) with a smaller proportion being survey-based (i.e. BRFSS, Census)

Domain 4 Measure Examples	Data Source
Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	SPARCS
Age-adjusted suicide death rate per 100,000	NYS DOH Vital Statistics
Percentage of adults with health insurance - Aged 18- 64 years	US Census
Age-adjusted percentage of adult binge drinking during the past month	eBRFSS
Newly diagnosed HIV case rate per 100,000—Difference in rates (Hispanic and White) of new HIV diagnoses	NYS HIV Surveillance System

D4 Project(s)	# of Measures/ AVs
4.a Projects	11
Project 4.b.i	9
Project 4.b.ii	16
Project 4.c.i	11
Project 4.c.ii	14
Project 4.c.iii	10
Project 4.c.iv	16
Project 4.d.i	19



# Domain 4 Principles – How AVs are Scored

P4P/R	Performance Measure	AVs
P4R	Percentage of premature death (before age 65 years)	1
	Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	1
	Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	1
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	1
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	1
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	1
	Percentage of adults with health insurance - Aged 18- 64 years	1
	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	1
	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	1
	Age-adjusted percentage of adult binge drinking during the past month	1
	Age-adjusted suicide death rate per 100,000	0
	<b>Total AVs Possible</b>	<b>11</b>
	<b>Total AVs Earned</b>	<b>10</b>



# Domain 4 Principles – How AVs are Scored

P4P/R	Performance Measure	AVs
P4R	Percentage of premature death (before age 65 years)	1
	Percentage of premature death (before age 65 years) – Ratio of Black non-Hispanics to White non-Hispanics	1
	Percentage of premature death (before age 65 years) – Ratio of Hispanics to White non-Hispanics	1
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	1
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Black non-Hispanics to White non-Hispanics	1
	Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years – Ratio of Hispanics to White non-Hispanics	1
	Percentage of adults with health insurance - Aged 18- 64 years	1
	Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years	1
	Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	1
	Age-adjusted percentage of adult binge drinking during the past month	1
	Age-adjusted suicide death rate per 100,000	1
	<b>Total AVs Possible</b>	<b>11</b>
	<b>Total AVs Earned</b>	<b>10</b>

**Note: It is expected that PPSs will earn all AVs in Domain 4 due to limited PPS responsibility in measure reporting. This result is shown as an example to demonstrate PAV calculation.**

# Domain 4 AV Example

## Calculation of PAV for a Domain 4 Project

- This examples summarizes the calculation of PAV for a Domain 4 project. This summary reflects the payment periods and measurement periods. Unlike the Domain 3 example, there is no P4P in Domain 4.

Project	4.a.iii	4.a.iii
Demonstration Year	DY2	DY3
Payment Period	Payment 2 7/31/2017	Payment 1 1/29/2018
Measurement Period	TBD	TBD
Measure Type	Reporting	Reporting
P4R / P4P Allocation	5%*	5%*
Maximum Possible AVs	11	11
Total AVs Earned (TAV)	10	10
Percent AVs Earned (PAV)	91%	91%

\*Note: Percentages are subject to change as result of payment model revisions; P4P to P4R ratio is expected to remain constant.



# Domain 4 AV Example

## Calculation of PAV for a Domain 4 Project

- This examples summarizes the calculation of PAV for a Domain 4 project. This summary reflects the payment periods and measurement periods. Unlike the Domain 3 example, there is no P4P in Domain 4.

Project	4.a.iii	4.a.iii
Demonstration Year	DY2	DY3
Payment Period	Payment 2 7/31/2017	Payment 1 1/29/2018
Measurement Period	TBD	TBD
Measure Type	Reporting	Rep
P4R / P4P Allocation	5%*	5%*
Maximum Possible AVs	11	11
Total AVs Earned (TAV)	10	10
Percent AVs Earned (PAV)	91%	91%

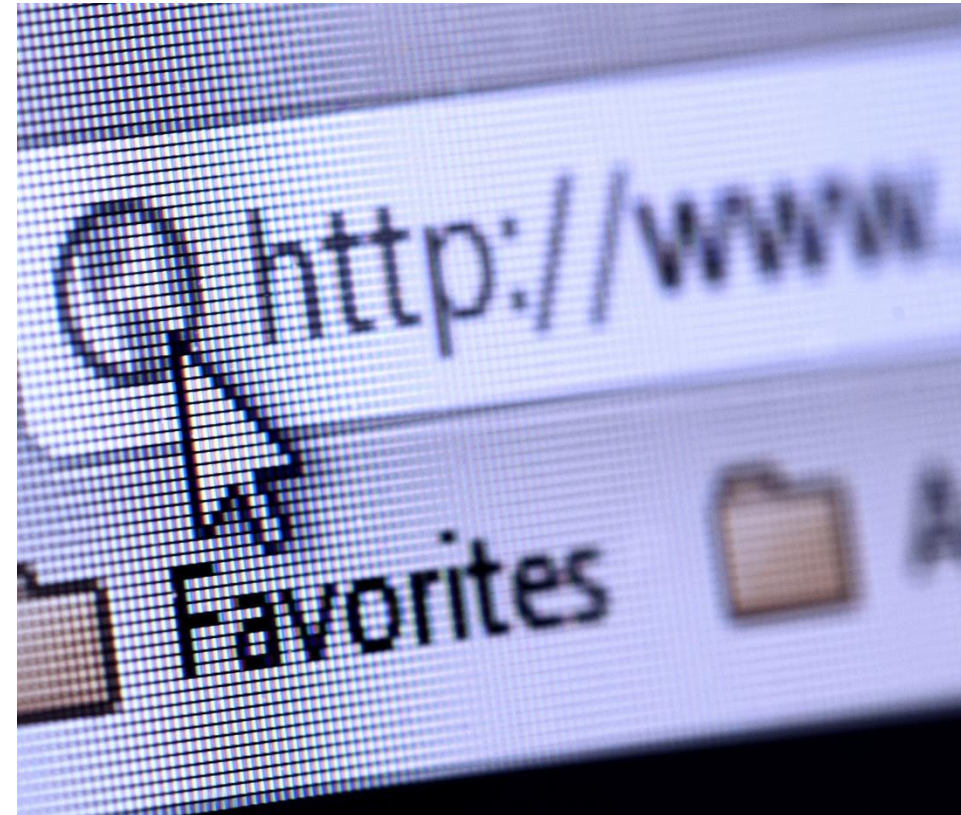
Like Domains 2-3, PAV is calculated as Total AVs Earned divided by Maximum Possible AVs. However, the AVs for Domain 4 are P4R only. Each Domain 4 project receives one P4R PAV in each payment period.

\*Note: Percentages are subject to change as result of payment model revisions; P4P to P4R ratio is expected to remain constant.

# What's Next?

- The IA will conduct a live webinar that will combine the materials from this presentation, the previous presentation on Domain 1 AVs, and project valuation information to provide a comprehensive picture of how AVs and valuation translate to actual payments.
  - The webinar will focus on the PPS Performance Funds and High Performance Funds
  - The webinar will not include the Equity Performance or Guarantee Funds
    - Additional information will be provided on these funding streams in a separate communication

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