



**Department
of Health**

Medicaid
Redesign Team

All PPS Meeting Performance Measurement Updates

Greg Allen, Director
Division of Program Development and Management

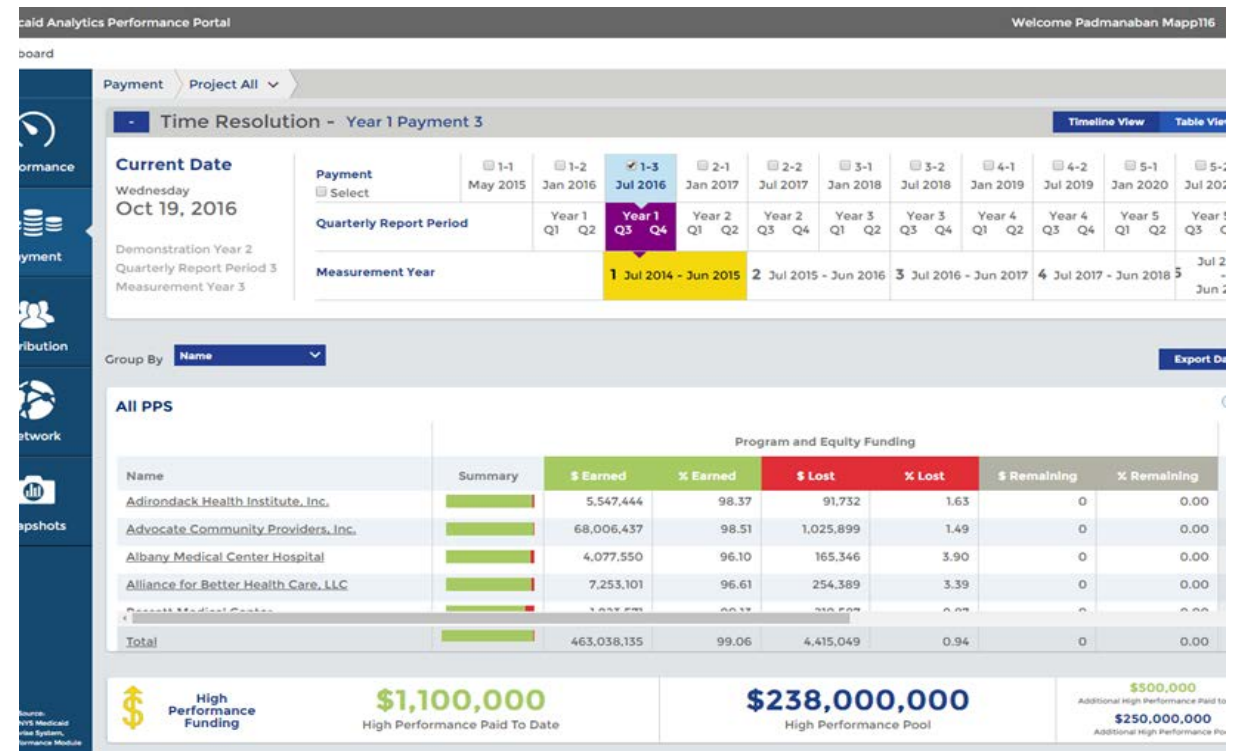
December 9, 2016

Draft Agenda

- DSRIP Performance Dashboards Payment Tile – Greg Allen
- Performance Measurement MY1, MY2 interim results – Greg Allen
- Changes to DSRIP measures in MY2 – Melissa Lurie, Office of Quality & Patient Safety
- Financial implications of measure changes – Greg Allen
- Network Provider HUBs – Greg Allen
- Medicaid data file releases – Greg Allen
- Reference Slides

DSRIP Performance Dashboard Payment Tile

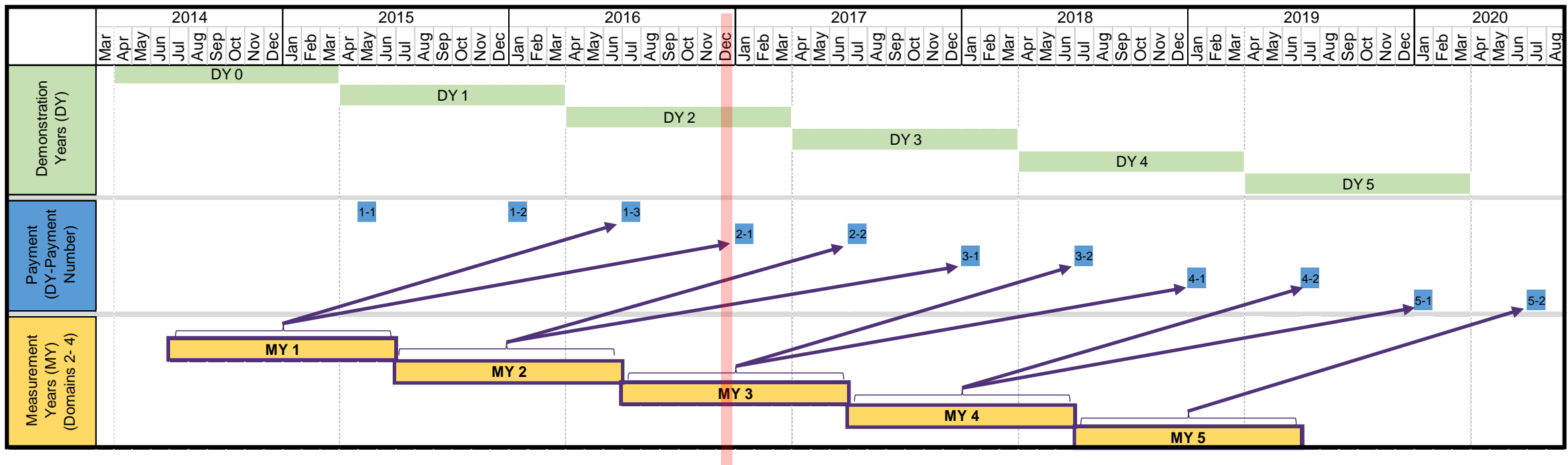
- Webinar held on November 17, 2016. Slide deck and recording can be found on the DSRIP Digital Library.
- Allows users to view and drill to specifics on:
 - Payments earned, lost, and still available for past and future payment periods.
 - How payments are allocated across DSRIP projects, measures, and requirements.
 - How the PPS has historically performed on “at-risk” measures or requirements



Performance Measurement Recap MY1, MY2 interim results

DSRIP is currently in Demonstration Year 2 (DY2) and Measurement Year 3 (MY3).

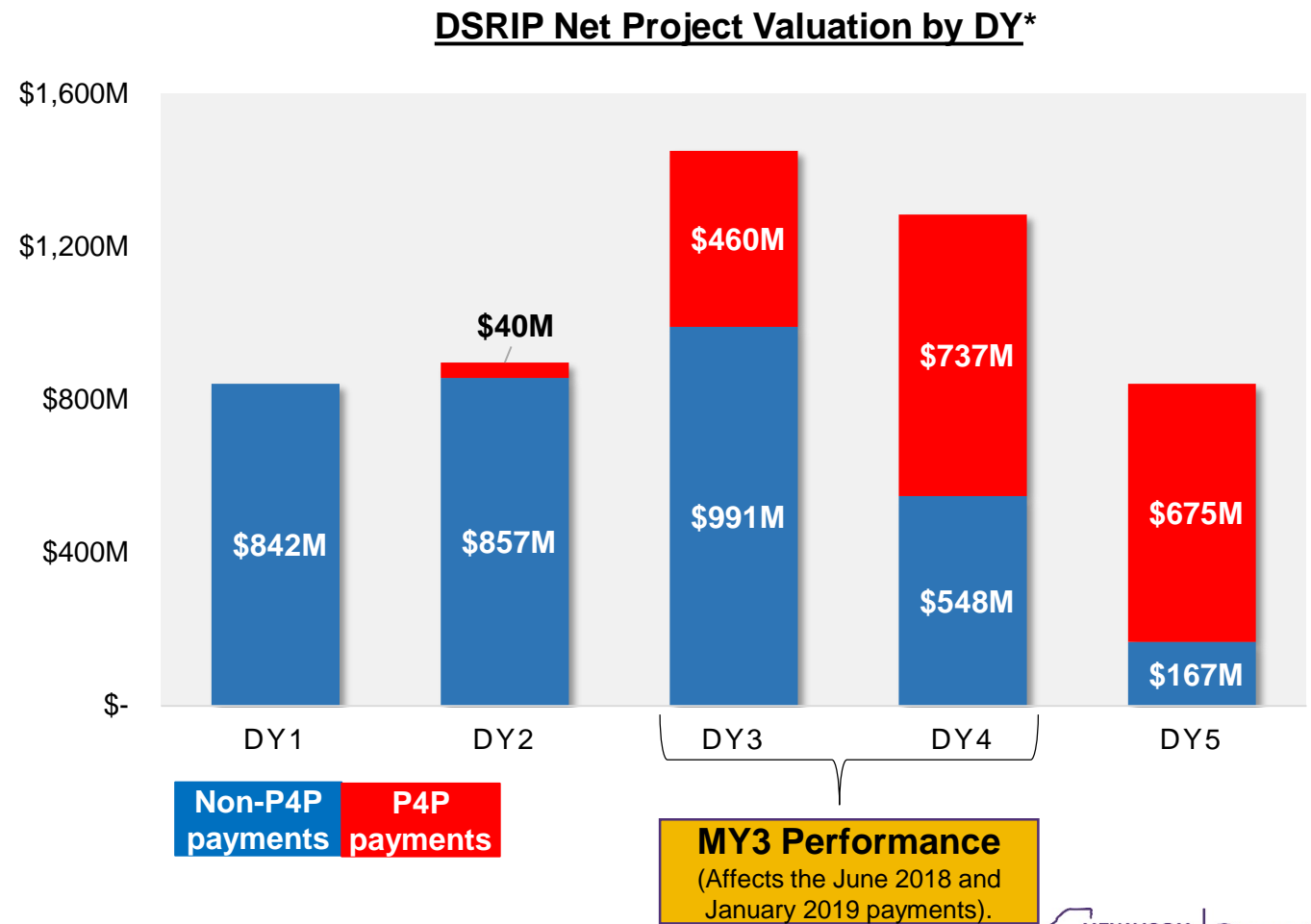
- Performance is measured during the MY and affects future Pay for Performance (P4P) payments in subsequent Demonstration Years (DY).



December 2016

38% of available P4P dollars are tied to performance in MY3.

- Performance results from MY3 affect \$729M in net project valuation**.
 - MY3 P4P payments are split between payments in DY3 (payment 2 - \$392M) and DY4 (payment 1 - \$337M).
- All unearned dollars tied to MY3 performance results will roll in to the High Performance Fund (HPF) in MY4.
 - Unearned dollars will be available to all PPSs who meet HP targets.



* Source: Achievement Value Guide for PPSs: https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/webinars_presentations.htm

** These number reflect the movement of PQI/PQI P4P dollars to P4R in MY2 and MY3.

MY1 Official Results

MY1 concluded in June 2015 and performance results showed the need for improvement.

- MY1 targets are established by:
 - Regular Performance: using 10% improvement over baseline towards the statewide goal.
 - High Performance (HP): using 20% improvement over baseline or met/exceeded the statewide goal.

Measure type	Total performance measures*	Total targets achieved	Total measures improved but not achieved
Regular Performance	705	192 (27%)	151 (21%)
High Performance	225	40 (18%)	97 (43%)

- **No P4P funds were tied to measures in MY1. MY1 performance sets the MY2 targets.**
- Potential penalties related to performance of statewide milestones would reduce the overall funding beginning in DY3.

MY1 -Two PPSs achieved greater than 50% of their performance measure targets

- The majority of PPSs (18/25) achieved 30% or less of their performance measure targets in MY1.
- MY1 performance results are not an indicator of future performance, as Performing Provider Systems (PPSs) were in the network formation stage during this measurement period.

	Top range	Bottom range
% of performance measure targets met*	# of PPSs	
Greater than 50%	2	
41% - 50%	2	
31% - 40%	3	
21% - 30%	10	
20% or less	8	

MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

** Measures include only the Domain 2 & 3 performance measures where all 25 PPSs had comparable data.*

Data Source: Medicaid Analytics Performance Portal (MAPP) – official MY0 and MY1 Attribution for Performance results.

MY1 Key findings – MY1 High Performance measure results.

- The majority of PPSs did not meet their High Performance Annual Improvement Targets in MY1.
- The measures where the most PPSs met their MY1 High Performance targets were:
 - Antidepressant Medication Management - Effective Continuation Phase Treatment,
 - Antidepressant Medication Management - Effective Acute Phase Treatment, and
 - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia.

Measure Name	# PPSs that met HP Target	Top three measures		Bottom three measures	
		% PPSs that met HP Target	Turns P4P in:*	% PPSs that met HP Target	Turns P4P in:*
Antidepressant Medication Management - Effective Continuation Phase Treatment	11 / 25	44%	DY2		
Antidepressant Medication Management - Effective Acute Phase Treatment	10 / 25	40%	DY2		
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia [^]	8 / 25	32%	DY2		
Diabetes Monitoring for People with Diabetes and Schizophrenia [^]	3 / 25	12%	DY2		
Follow-up After Hospitalization for Mental Illness - within 7 days	3 / 25	12%	DY2		
Potentially Preventable Readmissions	2 / 25	8%	DY3		
Follow-up After Hospitalization for Mental Illness - within 30 days	1 / 25	4%	DY2		
Potentially Preventable Emergency Department Visits (for persons with BH diagnosis)	1 / 25	4%	DY2		
Potentially Preventable Emergency Room Visits	1 / 25	4%	DY3		
Antipsychotic Use in Persons with Dementia	0 / 1	0%	DY2		

* DY = Demonstration Year

[^] The denominator for this measure is less than 30 for some Performing Provider System's, therefore the rates may not be stable due to small numbers.

Sources: OQPS, P4P OQPS Mega chart_PPS and Measure Summaries v2.xlsm, accessed on 8/29/2016 and DOH website.

Executive summary - MY2 first six months results

Trended Performance Provider System (PPS) performance data based on Measurement Year 1 (MY1) and the first 6 months of MY2 were used to project financial implications in all five years of DSRIP by mirroring results in future Measurement Years.

- \$633M* (60%) of claims-based measure Pay for Performance (P4P) payments are at risk.
- Improvement is mainly due to PPS improvement in high value measures during the first 6 months of MY2.
 - The projected risk for Potentially Preventable Readmissions (PPR) and Potentially Preventable Emergency Room Visits (PPV) is \$127M.
- 4 PPSs are at risk for greater than \$100 million or greater than 30% of their net project valuation.
- \$189M (29%) of the Equity Performance Payments (EPP) are at risk.
 - 13 of 15 EPP-eligible PPSs earned over 50% of their available EPP payments.

**NYS DOH will consider all PQI and PDI measures as P4R for MY2 and MY3. Results from MY1 and 6 months of MY2 were used to predict dollars at risk for PDI/PQI measures starting in MY4. Data subject to change pending improvements in Encounter Intake System.*

PPSs show improvement during the first 6 months of MY2 on claims based P4P measures.

- 37% of regular performance claims based P4P measures are on track for achievement in MY2.
 - 27% were achieved in MY1.
- 25% of high performance measures are on track for achievement in MY2.
 - 18% were achieved in MY1.

Measure type	Total performance measures*	Total measures on track for achievement	Total measures improved but not on track
Regular Performance	705	263 (37%)	132 (19%)
High Performance	225	57 (25%)	98 (44%)

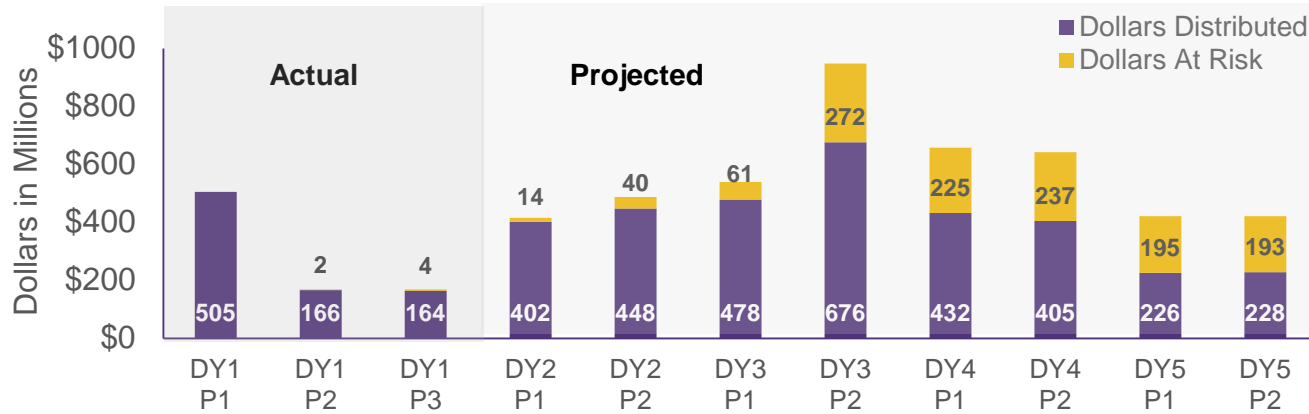
*Includes all measures that will be P4P at any point throughout DSRIP. Data source: DSRIP Performance Dashboards. This period included data that is subject to change pending improvements in the Encounter Intake System.

Statewide Dashboard View

▪ **\$1.2B of Regular DSRIP payments at risk.**

Unless otherwise noted, all dollars are in millions.

Projected DSRIP Payments*



Top 10 Claims Based P4P Measures Projected At Risk

Measure	Total \$ At-Risk	% of Total Net Valuation
Potentially Preventable ED Visits	\$79.1	1.5%
Potentially Avoidable Readmissions	\$47.6	0.9%
Antipsychotic Medication Adherence	\$44.7	0.8%
Adult Access Preventive (45 - 64)	\$37.8	0.7%
Adult Access Preventive (20 - 44)	\$37.7	0.7%
Asthma Medication Ratio (5 – 64 Years)	\$29.3	0.6%
Child Access - Primary Care (12 to 24 Months)	\$28.6	0.5%
Diabetes Monitoring (DM & Schizophrenia)	\$28.4	0.5%
Child Access - Primary Care (25 Months to 6)	\$26.9	0.5%
Child Access - Primary Care (7 to 11)	\$25.8	0.5%
Subtotal	\$386	7.3%
All claims based P4P Measures Risk	\$633	11.9%
Total Projected DSRIP Risk	\$1,245	23.4%
Total Net Project Valuation	\$5,317	

Projected Payments, DSRIP & Supplemental Programs

	Actual		Projected	
	Earned	Unearned ¹	Projected Distributed	Total At Risk ¹
DSRIP Net Project Valuation	\$842		\$5,317	
DSRIP Payments	\$835	\$6.8	\$4,072	\$1,245
HPF Payments	\$ -		\$1,086	
Total DSRIP Payments	\$835	\$6.8	\$5,159	\$158
Total Supplemental Payments	\$188		\$1,759	
TOTAL DSRIP & Supplemental Payments	\$1,023	\$(180.8)	\$6,918	\$(1,601)

Yellow = 10% - 19% dollars at risk
Red = 20%+ dollars at risk

*Project DSRIP Payments graph does not include HPF or Supplemental Programs.

¹Compared to net project valuation

Most improving high value claims based P4P measures in the first six months of MY2.

- 17 measures were identified with the highest P4P Net Project Valuation.
 - At least two thirds of PPSs improved on 10 of the 21 high value claims based measures.

Measure	Applicable PPSs	PPSs improving	Percent improving↓	Total P4P \$ available*
Potentially Preventable ED Visits (BH)	25	24	96%	\$45 M
PQI 90 - Overall Composite	25	22	88%	\$58 M
Child Access - Primary Care (7 to 11)	25	21	84%	\$28 M
PDI 90 - Pediatric Composite	25	20	80%	\$58 M
Diabetes Screening (Antipsychotic Medication)	25	20	80%	\$45 M
Child Access - Primary Care (12 to 19)	25	20	80%	\$28 M
Potentially Preventable ED Visits	25	19	76%	\$113 M
Potentially Avoidable Readmissions	25	19	76%	\$113 M
CV Monitoring (CV & Schizophrenia)	12	9	75%	\$28 M
Diabetes Monitoring (DM & Schizophrenia)	24	16	67%	\$44 M

Measure is P4P in MY2

*Includes all P4P dollars available throughout the five years of DSRIP. This period included data that is subject to change pending improvements in the EIS.

Source: Achievement Value Guide for PPSs: https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/webinars_presentations.htm and DSRIP Performance Dashboards



Least improving high value claims based P4P measures in the first six months of MY2.

- Less than one third of PPSs are improving on 5 of the 17 high value claims based measures.

Measure	Applicable PPSs	PPSs improving	Percent improving↓	Total P4P \$ available*
Asthma Medication Ratio (5 – 64 Years)	13	4	31%	\$29 M
Adult Access Preventive (45 - 64)	25	5	20%	\$38 M
Adult Access Preventive (20 - 44)	24	1	4%	\$38 M
Child Access - Primary Care (12 to 24 Months)	25	1	4%	\$28 M
Antipsychotic Medication Adherence	25	0	0%	\$45 M

Measure is P4P in MY2

*Includes all P4P dollars available throughout the five years of DSRIP. This period included data that is subject to change pending improvements in the EIS.

Source: Achievement Value Guide for PPSs: https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/webinars_presentations.htm and DSRIP Performance Dashboards



Changes to DSRIP Measures in MY2

Meaningful Use Certified Providers (Electronic Health Records)



*(a) Meaningful Use
Certified Providers
Who Have a
Participating
Agreement*

&

*(b) Meaningful Use
Certified Providers
Who Conduct
Bidirectional
Exchange*

	Measurement Year 1	Measurement Year 2
Agency Responsible for Collecting Data	NYSDOH SHIN-NY	New York e Health Collaborative (NYeC)
Method/Tool	E-mail to 8 RHIOs	Electronic survey to 8 RHIOs (facilitated by NYeC)
Participating Agreement question	“Does your qualified entity have a participant agreement with the provider? (yes/no)”	“Does the RHIO have a participating agreement with this provider at this payee location?”
Bidirectional Exchange question	“Does the qualified entity participate in bidirectional exchange with the provider? (yes/no)”	<p>“Does this provider make the information in their electronic health records available to the SHIN-NY? (yes/no)”</p> <p>AND</p> <p>“Does this provider access information through the SHIN-NY? (yes/no)”</p>
Collection Time	August 2015 (MY1)	August 2016 (MY2); annually thereafter
Baseline Year	No (MY1 results should not be compared to MY2-MY5)	Yes (P4R all years)

Nursing Home Project (3.a.v.) Measure Changes

Retirement


*Potentially Preventable Readmissions
for Skilled Nursing Facilities*



Replacement Measure

*Antipsychotic Use Among Persons with
Dementia for Long Stay Residents*

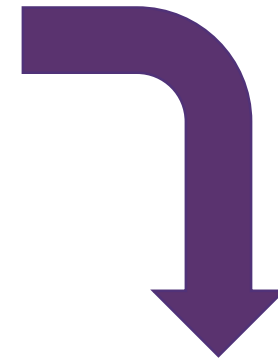
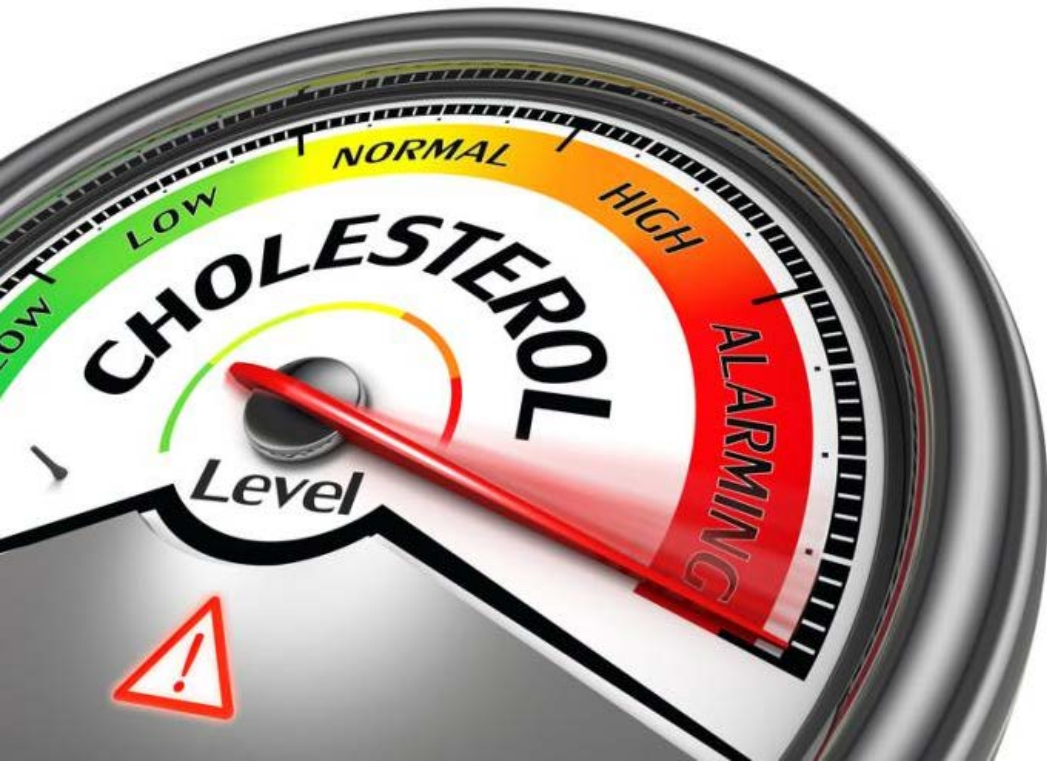
Measure changes: Potentially Preventable Readmissions for Skilled Nursing Facilities

DSRIP Measure	Description of Measure Change as of MY2
<p>Retirement of Potentially Preventable Readmissions for Skilled Nursing Facilities</p> 	<p>Replacement Measure: Antipsychotic Use for Persons with Dementia for Long Stay Residents</p> <p>Calculate new: (1) Performance Goal (2) Annual Improvement Target</p> <p>MY0 results will remain as the baseline.</p> <p>Only one PPS chose the project (3.a.v) associated with this measure</p>

National Center for Quality Assurance Measure Changes

Retirement

Cholesterol Management for Patients with Cardiovascular Conditions (HEDIS 2015)



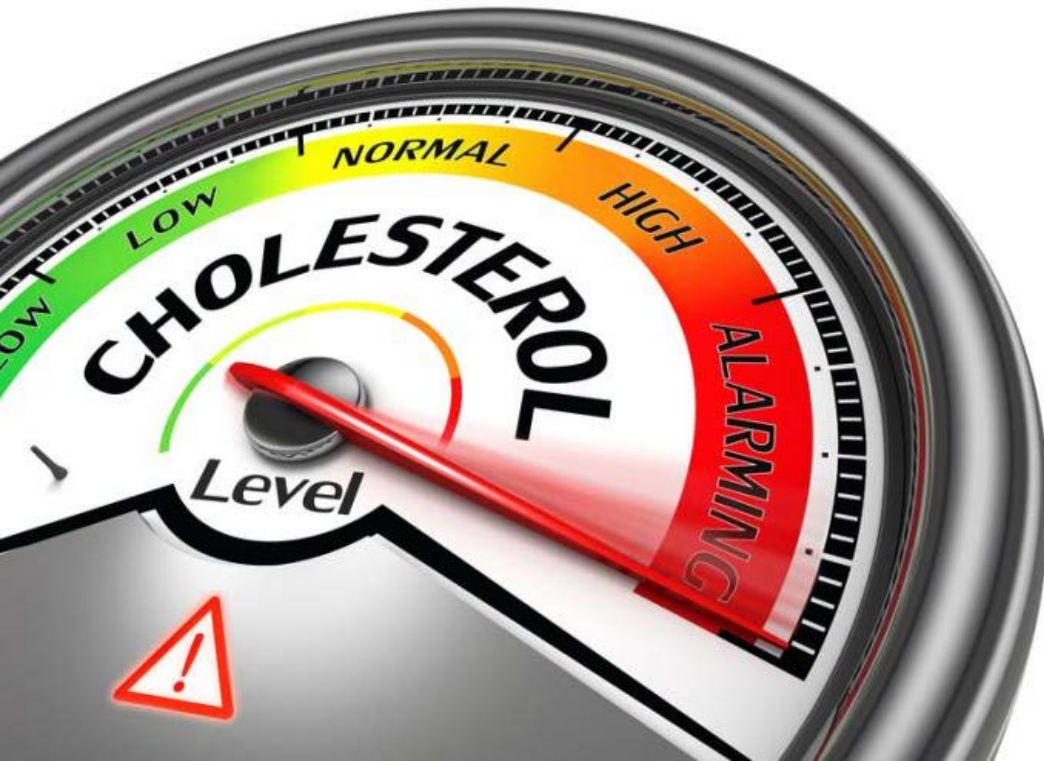
Replacement Measure

Statin Therapy for Patients with Cardiovascular Disease (HEDIS 2016)

Retirement of Cholesterol Management for Patients with Cardiovascular Conditions (HEDIS 2015)

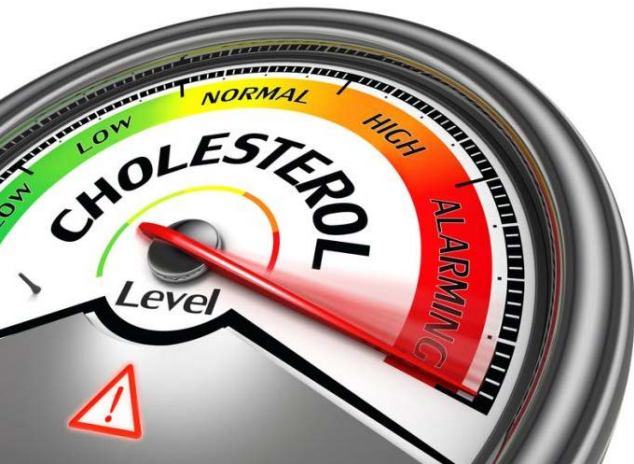
To bring HEDIS up to date with current evidence, NCQA retired this measure:

<http://www.ncqa.org/portals/0/homepage/cmc.pdf>



Measure retirement: Cholesterol Management

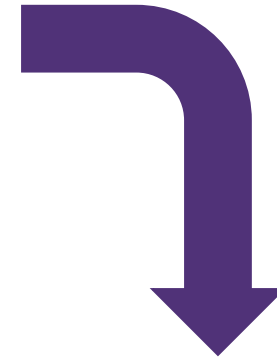
DSRIP Measure	Description of Measure Change as of MY2
Retirement of Cholesterol Management for Patients with Cardiovascular Conditions (HEDIS 2015)	<p>Replacement Measure: Statin Therapy for Patients with Cardiovascular Disease (HEDIS 2016)</p> <p>Calculate new:</p> <ul style="list-style-type: none">(1) Performance Goal(2) Annual Improvement Targets <p>MY2 results will function as the baseline</p>



Agency for Healthcare Research & Quality Measure Changes

Retirement

PQI 13 Angina without Procedure Admission Rate



Replacement Measure

PQI 8 Congestive Heart Failure Admission Rate



Retirement of PQI 13: Angina without Procedure Admission Rate



AHRQ Quality Indicators Version 6.0 (2016) will not include Prevention Quality Indicator (PQI) 13.

New evidence and uses of PQI13 have raised concerns regarding its validity.

http://www.qualityindicators.ahrq.gov/News/PQI13_Retirement_Announcement.pdf

Measure retirement: PQI 13

DSRIP Measure	Description of Measure Change as of MY2
Retirement of PQI 13 <i>Congestive Heart Failure Admission Rate</i>	Replacement Measure: PQI 8 <i>Angina without Procedure Admission Rate</i> PQI 8 results only available for project 3.b.i./3.b.ii for MY2-MY5. Calculate new: (1) Performance Goal (2) Annual Improvement Targets MY3 results will function as the baseline. ** MY4 will be the first year in which the measure is P4P **



Agency for Healthcare Research & Quality Measure Changes

PQI 90 – Prevention Quality
Overall Composite
includes PQI 13



PQI 90 version 2
removes PQI 13



Measure changes: PQI 90

DSRIP Measure	Description of Measure Change as of MY2
PQI 90 version 2	<p>Remove PQI 13 from calculation</p> <p>Calculate new:</p> <ul style="list-style-type: none">(1) Measure Result(2) Performance Goal(2) Annual Improvement Targets <p>MY3 results will function as the baseline.</p> <p>** MY4 will be the first year in which the measure is P4P **</p>



Switchover to use of ICD-10 Diagnosis Codes


As of October 2015, the Agency for Healthcare Research and Quality (AHRQ) **transitioned from using ICD 9 to ICD-10** diagnosis codes.

The enhanced specificity of ICD-10 has allowed AHRQ to more closely match the clinical intent of many measures which will likely mean some **differences in populations and/or rates when comparing between code sets**.

AHRQ **does not recommend comparing or trending PQI/PDI results**.



Measure changes: Effect of ICD-10 Switchover

DSRIP Measure	Description of Measure Change for MY2 & MY3
<p>Prevention Quality Indicators (PQIs) & Pediatric Quality Indicators (PDIs)</p> <p><i>PQI 90 (overall composite)</i> <i>PQI 1 (diabetes short term complication)</i> <i>PQI 7(hypertension)</i> <i>PQI 8 (heart failure admission)</i> <i>PQI 9 (low birth weight)</i> <i>PQI 15 (younger adult asthma)</i> <i>PDI 90 (pediatric composite)</i> <i>PDI 14 (pediatric asthma)</i></p> 	<p>For MY2 (July 2015 - June 2016): DOH will use a combination of the AHRQ ICD-9 compatible version and the AHRQ QI 6.0 ICD-10 compatible version to calculate PQI/PDI measure results.</p> <p>.....</p> <p>For MY3 (July 2016 - June 2017) All PQIs/PDIs measure results will be calculated using AHRQ QI 6.0 ICD-10 version.</p> <p>MY3 becomes new baseline year.</p> <p>MY3 measure results should not be compared/trended to previous year results.</p> <p>Recalculate for all PQIs/PDIs: (1) Performance Goals (2) Annual Improvement Targets</p> <p>** MY4 will be the first year in which the measure is P4P **</p>

Financial Implications of Measure Changes

Implications of ICD-10 on PQI/PDI

- The impact of the transition to ICD-10 on these measures means that the measures cannot turn P4P as they were originally scheduled.
 - Domain 3 disease specific measures were scheduled to be P4P in MY2.
 - Domain 2 composite measures were scheduled to be P4P in MY3.
- Proposal: All measures impacted by this transition will now become P4P in MY4.
 - Baselines will be set using MY3 results (July 2016 - June 2017)
 - All dollars associated with PDI/PQI measures will now be Pay For Reporting (P4R) until MY4.

Pay For Performance Dollars Tied to PDI/PQI

	MY2	MY2	MY3	MY3	
	DY2 P2	DY3 PP1	DY3 PP2	DY4 PP1	Total PQI/PDI Moved to P4R
Domain 2	\$100,873,339	\$48,935,146	\$440,416,311	\$288,888,016	
Total P4P	\$0	\$0	\$391,481,166	\$252,777,014	
Total P4R	\$100,873,339	\$48,935,146	\$48,935,146	\$36,111,002	
PQI/PDI P4P			\$66,886,536	\$43,188,231	\$110,074,767
% P4P PQI/PDI			17%	17%	17%
Domain 3	\$92,312,239	\$144,453,278	\$144,453,278	\$170,555,622	\$551,774,417
Total P4P	\$65,515,938	\$110,356,766	\$110,356,766	\$147,104,224	\$433,333,692
Total P4R	\$26,796,301	\$34,096,513	\$34,096,513	\$23,451,398	
PQI/PDI P4P	\$25,268,402	\$42,562,759	\$42,562,759	\$19,811,224	\$130,205,144
% P4P PQI/PDI	39%	39%	39%	13%	30%

Network Provider Hubs

Impact of Partner Removals and Additions and Provider Hubs

DSRIP Network Provider Hubs

As a result of Listening Tours, DOH is starting a phased roll out the functionality to group providers by Hub. Below is the phased approach to address the needs of the PPS.

Phase	Timeline	Features
Phase 1.0	Late February 2017	<ul style="list-style-type: none"> • Ability to categorize Providers into Hubs (1:1) • Visibility of Accountable Layers in DSRIP Performance Dashboards for MC PCPs
Phase 2.0	Spring 2017	<ul style="list-style-type: none"> • Sub-Hubs • Usability Enhancements
Phase 3.0	Summer 2017	<ul style="list-style-type: none"> • Assigning Providers to Multiple Hubs • Ability to drill down beyond the MC PCP • Usability Enhancements

DSRIP Network Provider Hubs

Phase	Date	Comment
Phase 1.1	December 5, 2016	<ul style="list-style-type: none">• The deadline for PPS to submit their Hub Designation Form to be uploaded into the Provider Network Tool.• After this deadline passes, PPS will have to create Hubs individually in the Provider Network Tool.
Phase 1.2	January 20, 2017	<ul style="list-style-type: none">• The deadline for PPS to assign a provider to a specific Hub in the Provider Network Tool.• Please note, the current phase only allows a <i>one-to-one</i> relationship between the provider and Hub.• Not all providers need to be assigned to a Hub.
Phase 1.3	Late February 2017	<ul style="list-style-type: none">• Hubs will be visible in the DSRIP Dashboards to view performance by Hub• All DSRIP dashboard users will be able to drill from the Hub layer to the underlying MC PCPs that are included in the Hub. The non-PCP providers will not be included in the Hubs in Phase 1.

DSRIP Network Provider Hubs

YOU GET A THREE WEEK EXTENSION TO FINISH YOUR HUB DESIGNATION FORMS!!

Due December
23, 2016



DSRIP Network Provider Hubs

Here are some things to keep in mind when filling out your Hub Designation Form.

Reminder Number 1: Do not use special characters in your Hub name or Hub Short Name.

Reminder Number 2: Your Hub Short Name should be 30 characters or less.

Reminder Number 3: Do not leave the Hub Name or Short Name blank. They are required fields.

Reminder Number 4: Do not use formulas, such as v-lookups, in your spreadsheet.

Reminder Number 5: Up to 50 Hubs are allowed in this phase.

Full Hub Designation Instructions will be sent in the PPS Communication on Monday December 12

DSRIP Network Provider Hubs Demonstrations

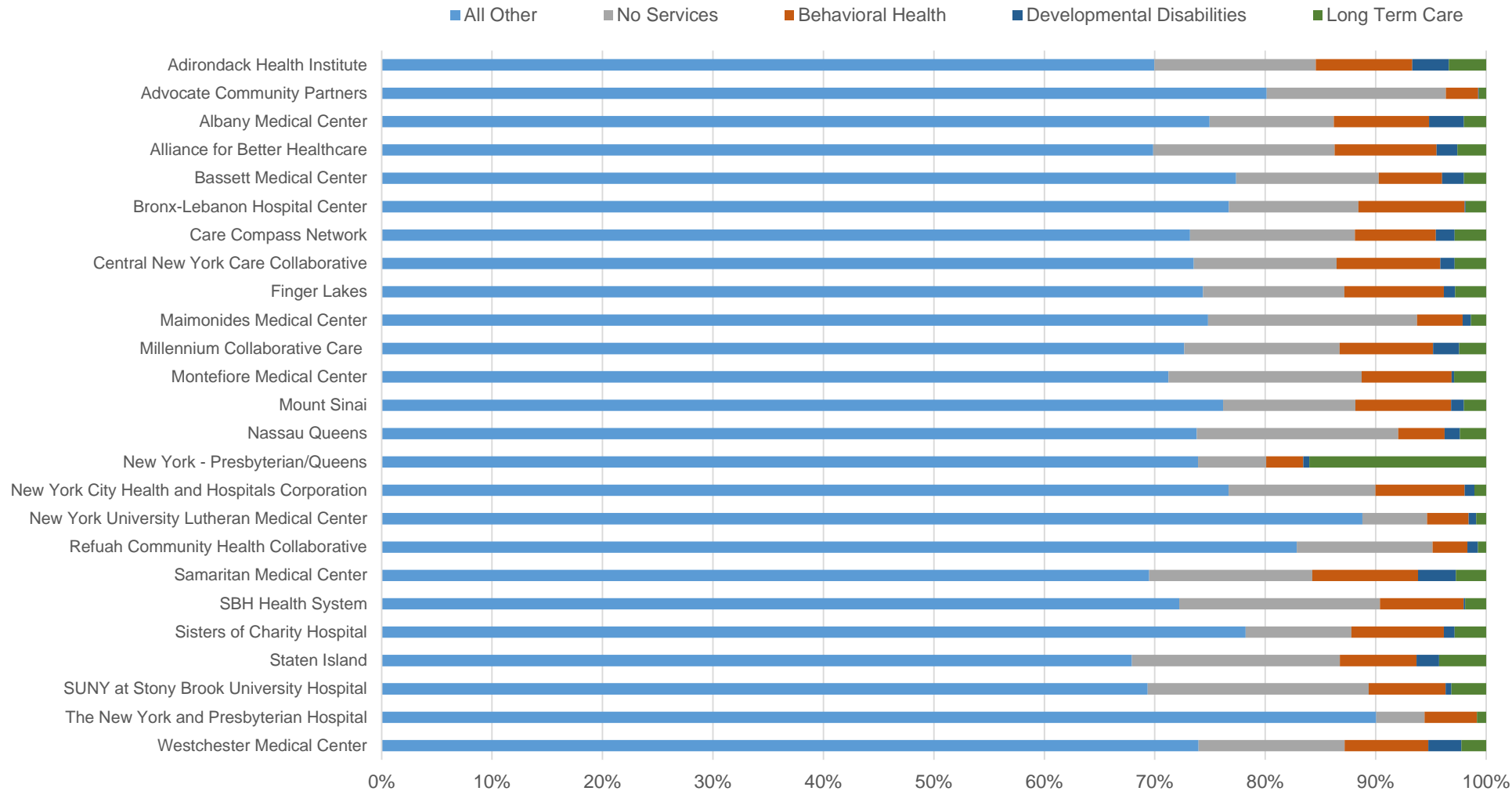
Monthly PPS Performance Measurement Workgroup Meetings will include demonstrations on how to use Hub functionality

Date	Topic
December 14, 2016	Adding Providers to Hubs in the Provider Network Tool
January 2017	Editing Provider Assignments and Hubs in the Provider Network Tool
February 2017	Viewing Hub Information in the Performance Dashboards

These demonstrations should be viewed by all PPSs, regardless of if you have submitted a Hub Designation Form, as Hubs can be created individually at any time in the Provider Network Tool.

Swim lane distribution by PPS

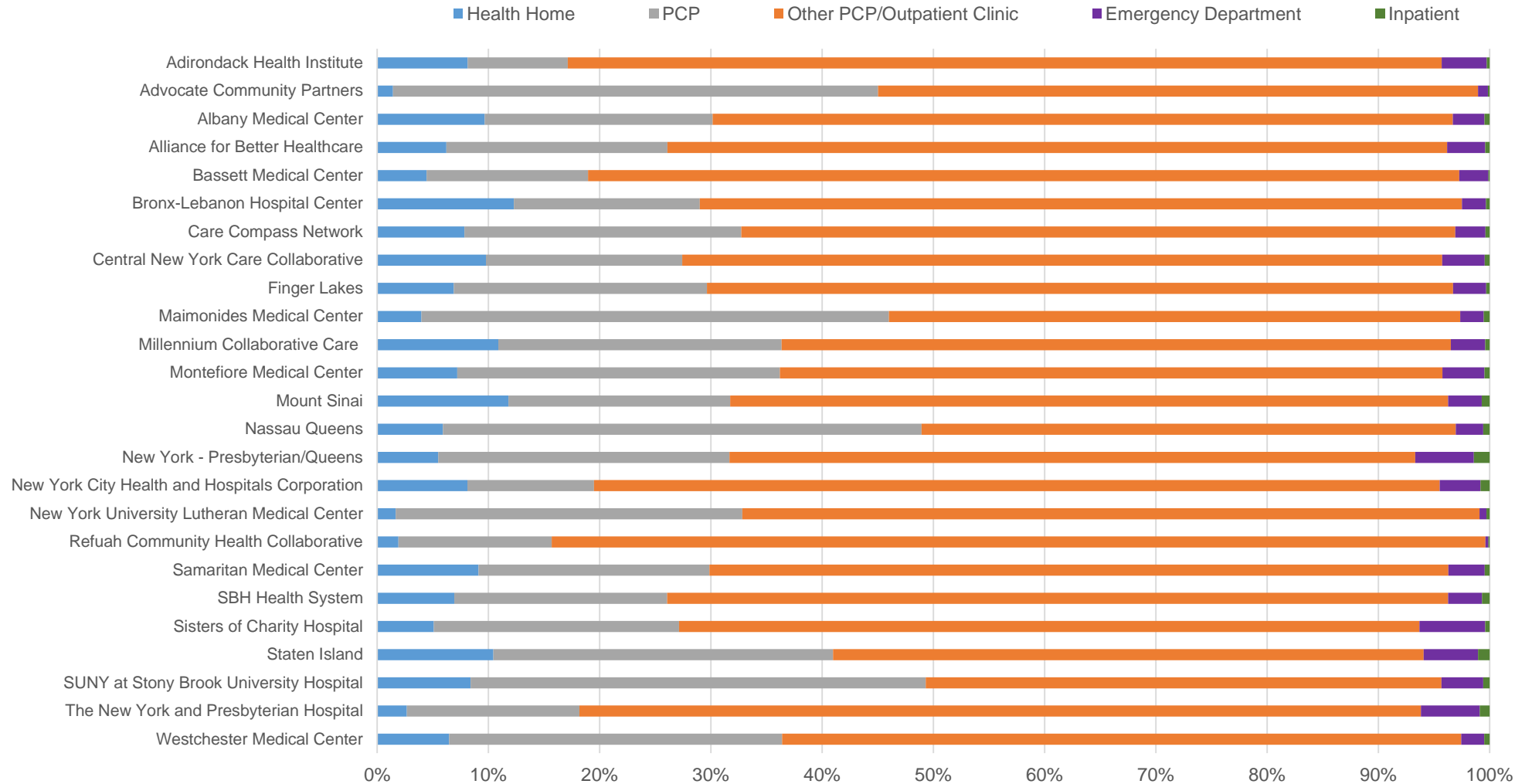
Future provider network changes may impact swim lane distribution.



Based on attribution data for Measurement Year 1

All Other swim lane distribution by PPS

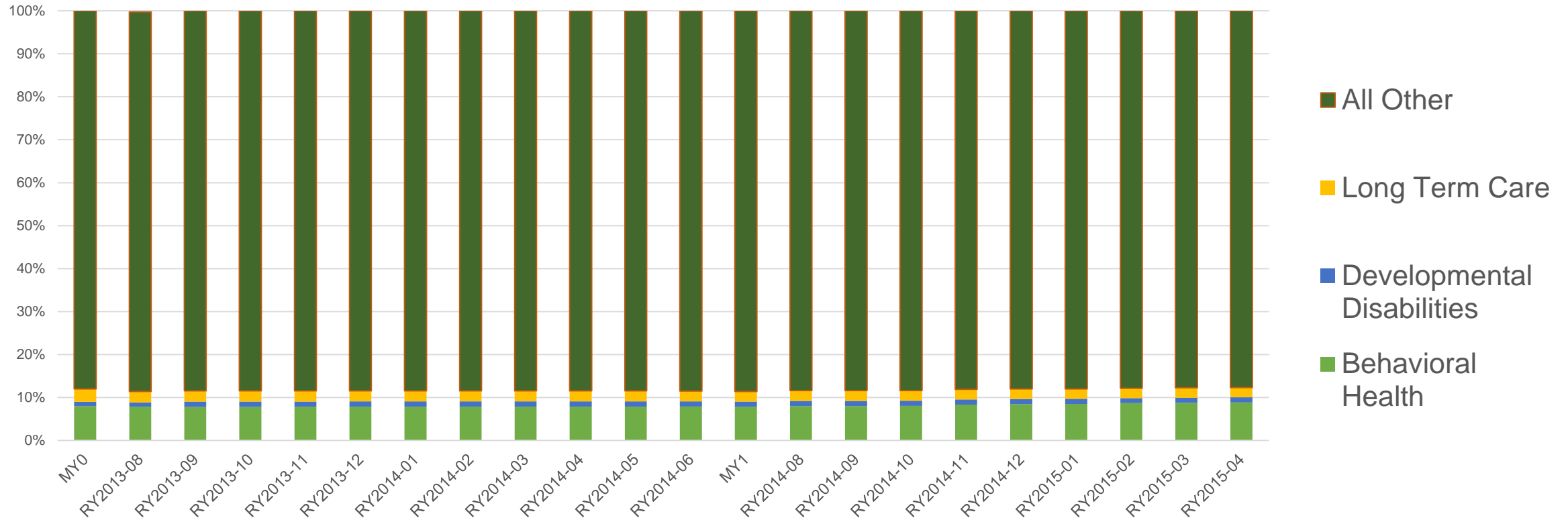
Future provider network changes may impact swim lane distribution.



Based on attribution data for Measurement Year 1

Swim lane distribution remains stable over time

Future provider network changes may impact swim lane distribution.



Medicaid data files releases

- Current supplemental attribution data files for the period 4/1/15-3/31/16 were released December 7 to those 17 PPS who had approved SSPs prior to Nov 29.
- PPS who receive data files for the first time receive a full 12 month claims history.
- Previous data files released June 1 reflected attribution from 7/1/14-6/30/15.
- Supplemental files released Sept 16 reflected attribution from 1/1/15 through 12/31/15.
- Data Destruction Attestations associated with the “shred files” need to be returned every cycle before accessing future data files.
- Next production of data files expected early January 2017. The January release will contain IPA/CPA version 2.0 which will include HH enrollment data.
- Managed Care Plan current membership rosters with attributed PPS identified created for SFTP with MCP identified users for those with approved DEAs.

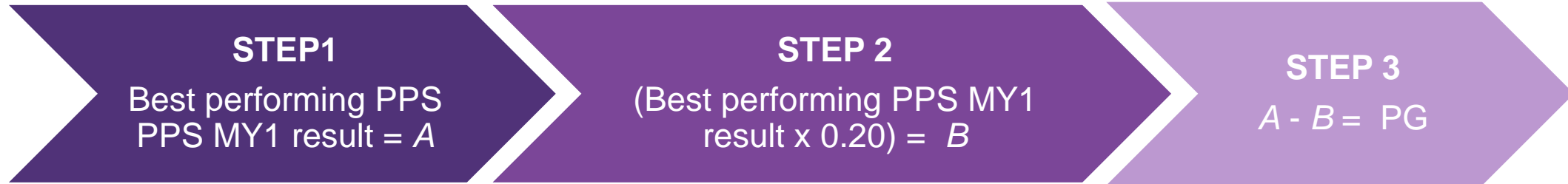
Reference Slides

Setting the Performance Goal

- ✓ Statewide goal for each DSRIP quality measure
- ✓ use Medicaid managed care data (zip code level)
- ✓ goal set to be the 90th percentile
(equal to 10th percentile for measures where a lower result is desirable)
- ✓ when data unavailable – default is 0%/100%
(will be reset at next MY)



Setting Performance Goals: Alternate Method for Preventable Measures



Preventable (PQI/PDI) measures use an alternate method to set PG

- ✓ PQI 8 (replaced PQI 13)
- ✓ PQI 90 version 2 (PQI 13 removed)

$$PG = \text{Lowest PPS MY1 result} - (\text{Lowest PPS MY1 result} \times 0.20)$$



DSRIP team at: DSRIP@health.ny.gov