

BHNNY PERFORMANCE MEASURES

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June 28, 2017

Performance Measures 101

- BHNNY receives a portion of its funding based on the performance of its provider network on a series of measures
- These measures are outlined in the [Measure Specification & Reporting Manual](#), a State Document
- https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/docs/2016-07-15_measure_specific_rpting_manual.pdf

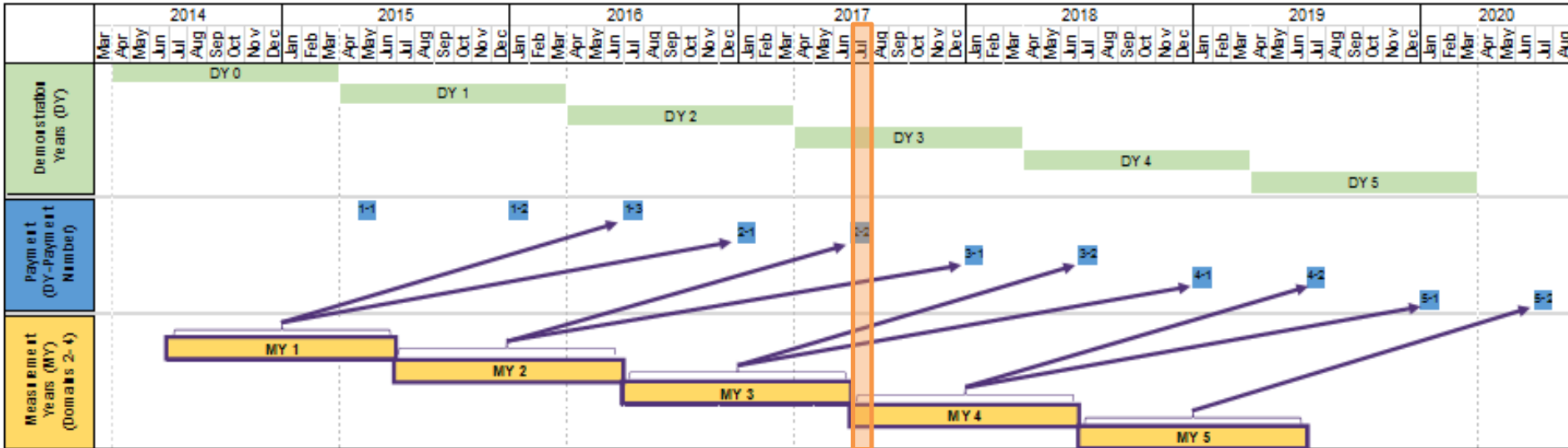
Performance Measures 101 - When

- Two calendars govern the work within DSRIP, Demonstration Years (DY#) and Measurement Years (MY#)
 - **Demonstration Years** run April 1st to March 31st and prescribe when progress is reported to the state
 - **Measurement Years** run July 1st to June 30th and dictate payment in subsequent quarters
 - Example: This quarter (DY3Q1), ending June 30th 2017, will be accompanied by a payment incorporating performance in MY 2 (July 1st, 2015 – June 30th, 2016)

Performance Measures 101 - When

- MY1 7/1/2014 – 6/30/2015
- MY 2 7/1/2015 – 6/30/2016
- MY 3 7/1/2016 – 6/30/2017
- MY 4 7/1/2017 – 6/30/2018
- MY 5 7/1/2018 – 6/30/2019

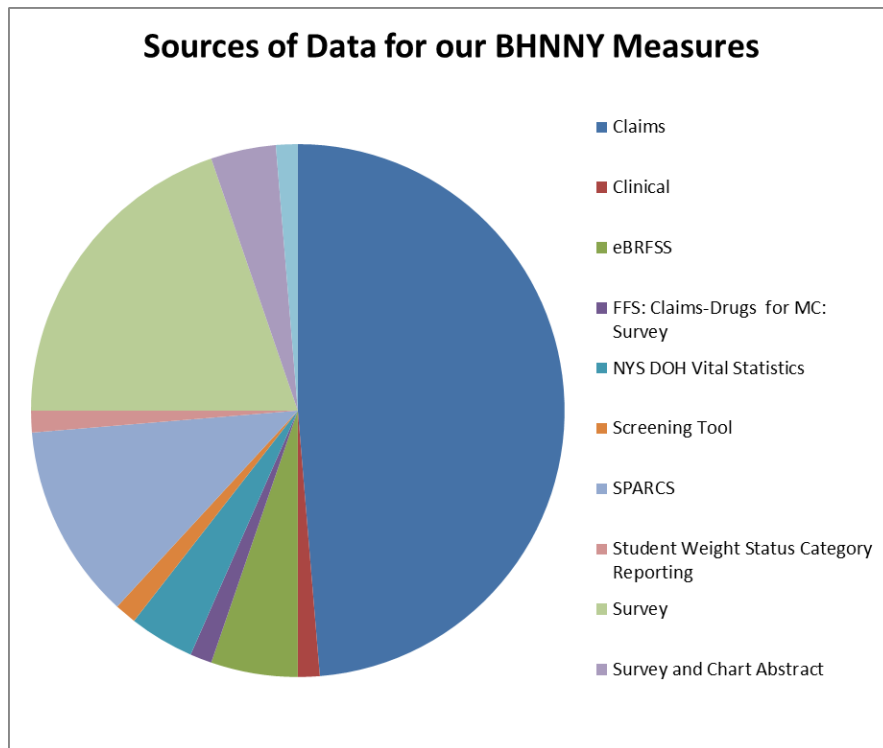
Performance Measures 101 - When



Performance Measures 101 – What for MY2

- DSRIP (Domains 2-4) has **127 Unique Measures**
 - Domain 2 – 26
 - Domain 3 – 54
 - Domain 4 – 47
- Of those, BHNNY is accountable to **76**
 - Domain 2 – 26
 - Domain 3 – 33
 - Domain 4 – 17

Performance Measures 101 - What



Performance Measures 101 - What

Source	Domain 2	Domain 3	Domain 4
Claims	15	22	0
eBRFSS	0	0	4
NYS Vital Statistics	0	0	3
SPARCS	1	0	8
Survey Data, Chart Abstraction	10	8	0
Other (EHR , CENSUS, Screening Tools)	0	3	2
TOTAL	26	33	17

Performance Measures 101 - What

Source	Name	Reference
eBRFSS	Behavioral Risk Factor Surveillance System (BRFSS)	https://www.health.ny.gov/statistics/brfss
NYS Vital Statistics	Pre-mature Death Statistics (Domain 4 project- 4b.i, 4b.ii)	https://www.health.ny.gov/statistics/vital_statistics/
SPARCS	Statewide Planning and Research Cooperative System	https://www.health.ny.gov/statistics/sparcs/
Survey Data	CG CAPHS, H-CAHPS, Meaningful Use Survey, PAM (Patient Engagement Measure)	Variety of sources

Performance Measures 101 - What

- **Pay for Reporting (P4R)**
 - AVs are awarded for submitting data to the state
- **Pay for Performance (P4P)**
 - AVs are awarded for reaching Annual Improvement Targets
 - Many measures have transitioned from P4R to P4P
- **High Performance (P4P – HP)**
 - A subset of P4P measures are eligible for additional incentive payments if the PPS reaches High Performance targets
 - BHNNY is eligible for up to 9 of the 10 HP measures

Performance Measures 101 - What

Measure Type	Domain 2	Domain 3	Domain 4	TTL
P4R – Reporting	7	0	17	24
P4P – Performance	19	33	0	52
Total	26	33	14	76

Perf. Measures 101 – Who

- All providers in BHNNY's network are being measured, regardless of contract status
- Claims submitted by providers are directly measurable
- The BHNNY Network is currently comprised of 3100+ providers in many capacities

Performance Measures 101 - How

- NYS DOH makes performance measure information available in raw data and dashboard forms.
- A number of measures are trended monthly
- Others are less available due to data source and timing considerations

Performance Measures 101 – Terms

- **Measure Result:** Where BHNNY is in a given measure for that month
- **Monthly Target / Monthly HP Target:** Where BHNNY should be in making progress toward the annual goal or annual High Performance Goal
- **Annual Goal / Annual HP Goal:** BHNNY must cross this threshold at the end of the Measurement Year to be eligible for any associated P4P dollars / if applicable HP funds
- **Performance Goal:** The overall goal for a measure, BHNNY is tasked with meeting this by the end of DY5

BHNNY Performance Dashboards

- **AMCH PPS Performance (Salient)** – Line indicating the performance of our PPS on the given measure.
- **Annual Goal** – The threshold our PPS must meet to be eligible for any P4P dollars associated with the given measure.
- **Annual HP Goal** – Some measures are eligible for additional High Performance funds if they reach this goal and meet minimum population criteria.
- **Monthly Target** – Where our performance should be in advance of the end of a given measurement year, relative to meeting the annual goal.
- **Monthly HP Target** – Where our performance should be on a month within the measurement year in making progress toward the High Performance Goal (If eligible).
- **Performance Goal** – The overall goal for a measure, the PPS is tasked with meeting this target by the end of DY5.
- **Measure Denominator** – The denominator of any given measure may fluctuate month to month as attribution changes.
- **Shading in Months** – Indicates whether or not performance is on track relative to monthly target toward Annual Goal (Green – Yes, Red – No).



How are we being measured?

- We have monthly targets
- We have annual goals / state language “annual improvement targets” (AITs)
- We have performance goals
- Each measure has their own specific targets and goals.

What is “Gap to Goal”?

Example: Potentially Preventable ED Visits

- Goal in this scenario is the ‘monthly’
- Monthly target is : 41.98
- Our Current Monthly performance: 37.93
- GAP to Goal is the Difference: -4.05 (better)

Highlighted Performance Measures

Potentially Preventable ED Visits

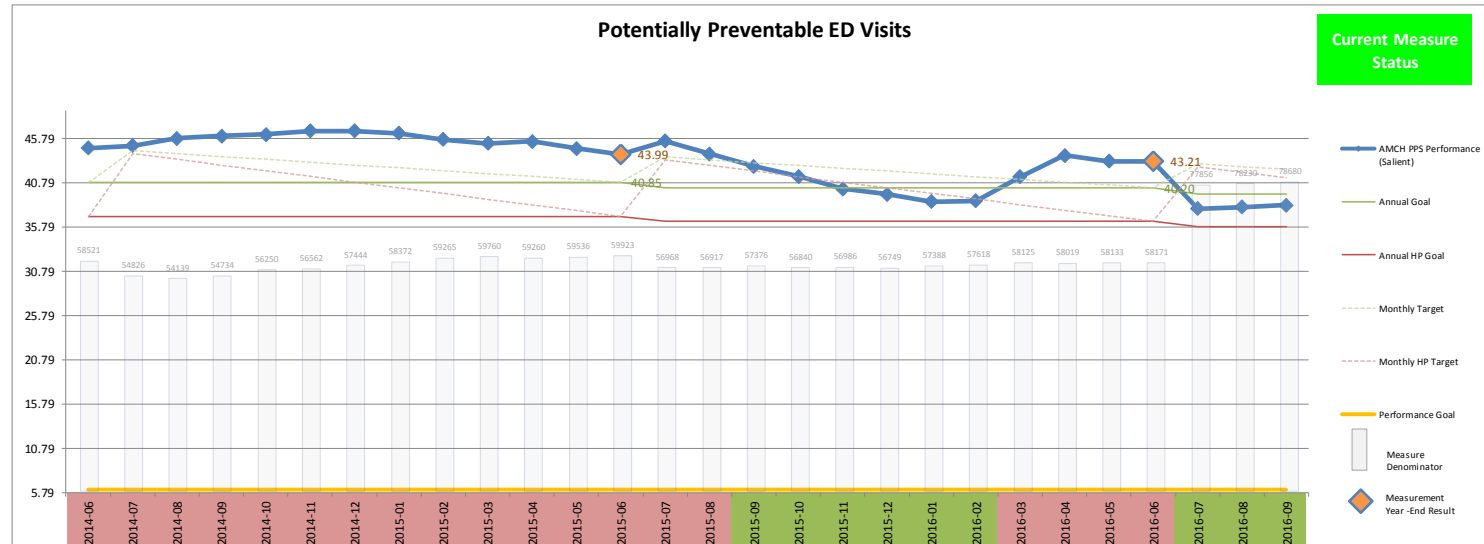
High Performance Eligible

Specification: 3M

Numerator: Number of preventable emergency visits, as defined by revenue and CPT codes

Denominator: Number of people (excludes those born during the Measurement Year) as of June 30th of the Measurement Year

Measure Name	Numerator Description	Denominator Description
Potentially Avoidable Emergency Room Visits High Performance Eligible Measure	Number of preventable emergency room visits as defined by revenue and CPT Codes	Number of people (excluding those born during the measurement year) as of June 30 th of the Measurement year



BHNNY Performance Measure Dashboard, Downloaded 06/23/17

BHNNY Performance Dashboards

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Potentially Preventable ED Visits

Performance: 38.23 (9/2016)

Annual Goal: 39.50

Annual HP Goal: 35.79

Monthly Target: 42.29 (9/2016)

Monthly HP Target: 41.36 (9/2016)

Performance Goal: 6.10

Measure Den.: 78680 pt. (9/2016)

Measure Year-End Result: 43.21 (6/2016)

Current Measure Status: Met (9/2016)

Highlighted Performance Measures

Potentially Preventable Readmissions

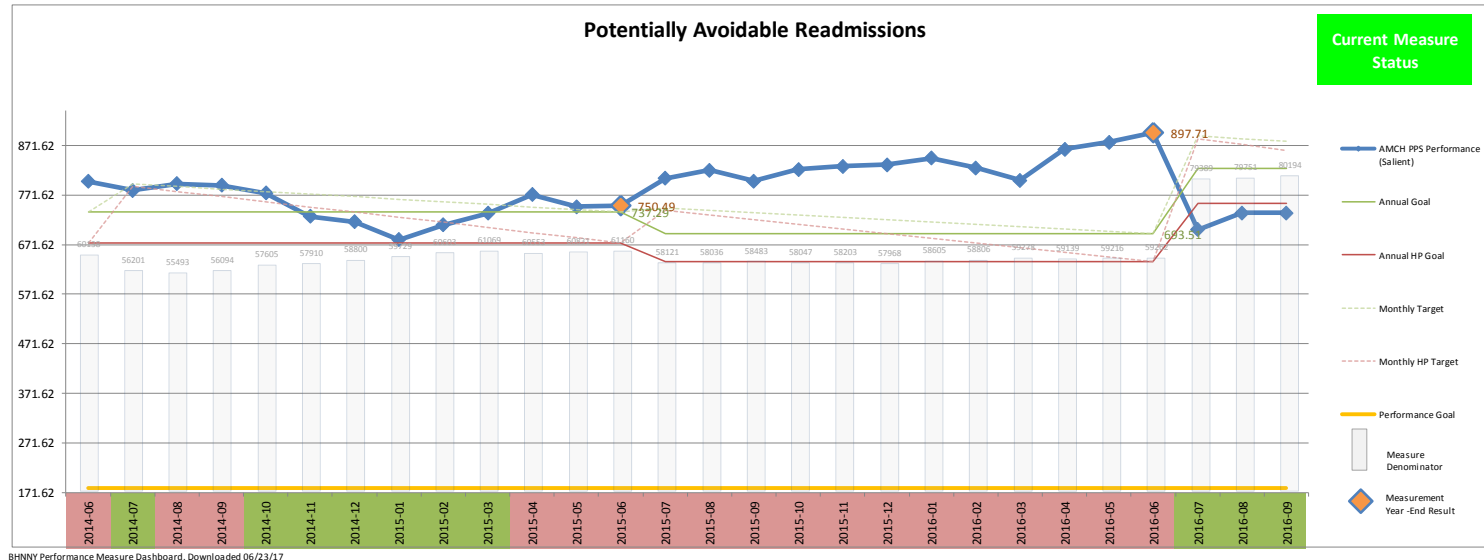
High Performance Eligible

Specification: 3M

Numerator: Number of readmission chains (at risk readmissions followed by one or more clinically related readmissions within 30 days of discharge)

Denominator: Number of people as of June 30th of the Measurement Year

Measure Name	Numerator Description	Denominator Description
Potentially Avoidable Readmissions High Performance Eligible Measure	Number of readmission chain (at risk admissions followed by one or more clinically related readmissions within 30 days of discharge)	Number of people as of June of the measurement year



BHNNY Performance Measure Dashboard, Downloaded 06/23/17

Highlighted Performance Measures

Potentially Preventable ED Visits (BH)

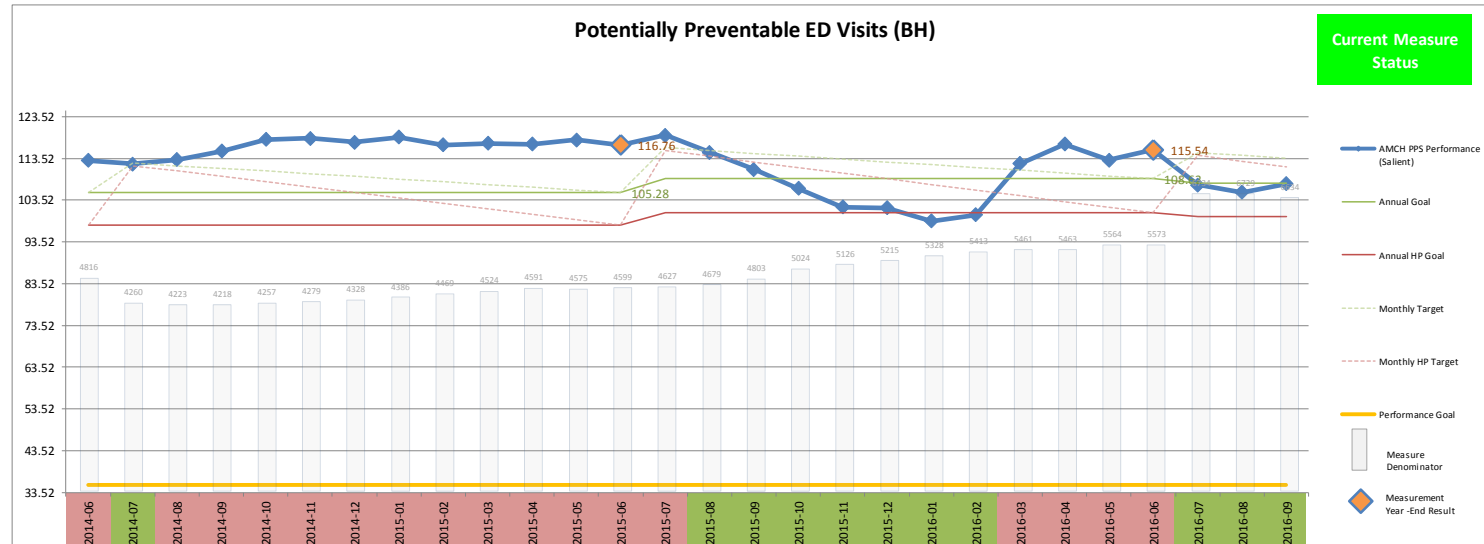
High Performance Eligible

Specification: 3M

Numerator: Number of preventable emergency visits, as defined by revenue and CPT codes

Denominator: Number of people with a behavioral health diagnosis (excludes those born during the Measurement Year) as of June 30th of the Measurement Year

Measure Name	Numerator Description	Denominator Description
Potentially Preventable Emergency Room Visits (For Persons With BH Dx) High Performance Eligible Measure	Number of preventable emergency room visits as defined by revenue and CPT codes	Number of people with a BH diagnosis (excludes those born during the measurement year) as of June 30 of measurement year



BHNNY Performance Measure Dashboard, Downloaded 06/23/17

Highlighted Performance Measures

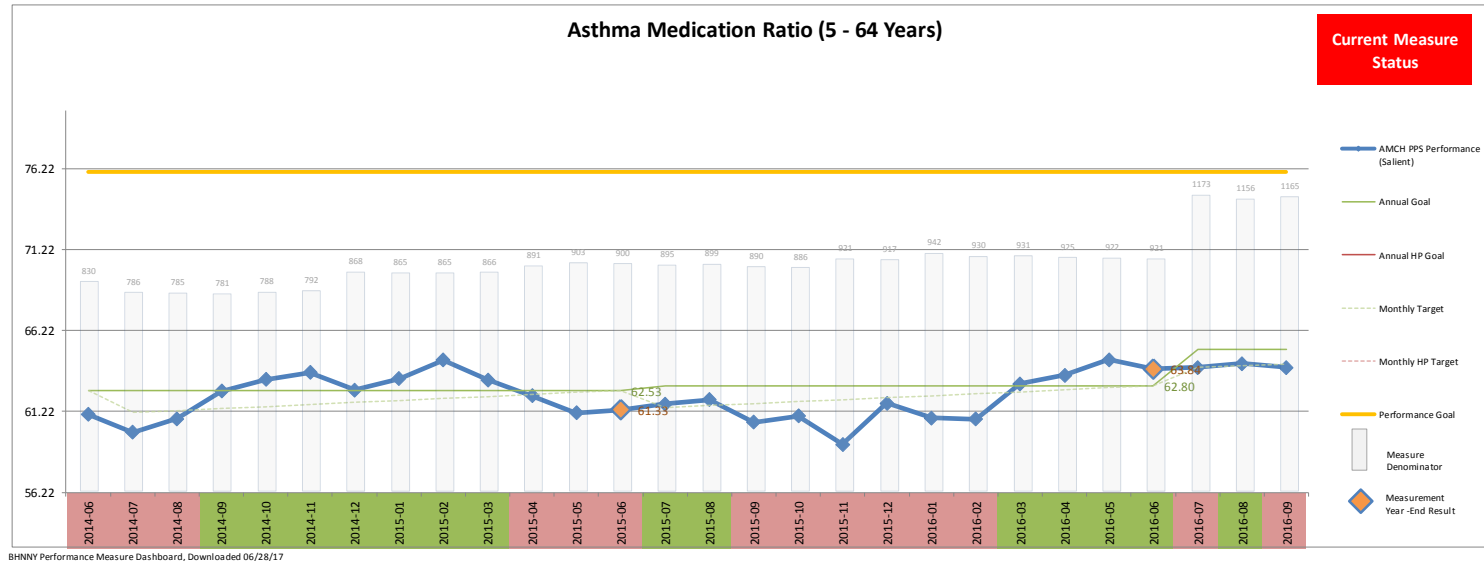
Asthma Medication Ratio (5-64 Years)

Specification: HEDIS 2016

Numerator: Number of people with a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year

Denominator: Number of people, ages 5 to 64 years, who were identified as having persistent asthma

Measure Name	Numerator Description	Denominator Description
Asthma Medication Ratio (5-64 Years)	Number of people with a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	Number of people, ages 5 to 64 years, who were identified as having persistent asthma



Highlighted Performance Measures

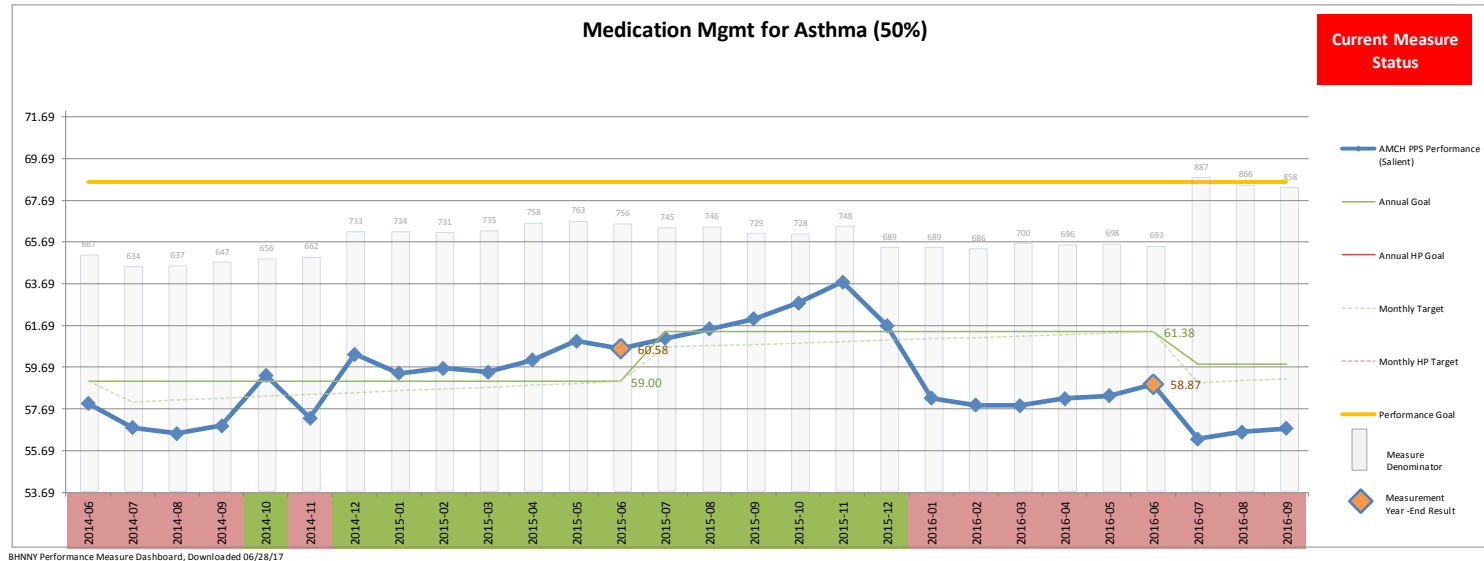
Medication Management for Asthma (50%)

Specification: HEDIS 2016

Numerator: Number of people who filled prescriptions for asthma controller medications during at least 50% of their treatment period

Denominator: Number of people, ages 5 to 64 years, who were identified as having persistent asthma, and who received at least one controller medication

Measure Name	Numerator Description	Denominator Description
Medication Management for Asthma (50%)	Number of people who filled prescriptions for asthma controller medications during at least 50% of their treatment period	Number of people, ages 5 to 64 years, who were identified as having persistent asthma, and who received at least one controller medication



Highlighted Performance Measures

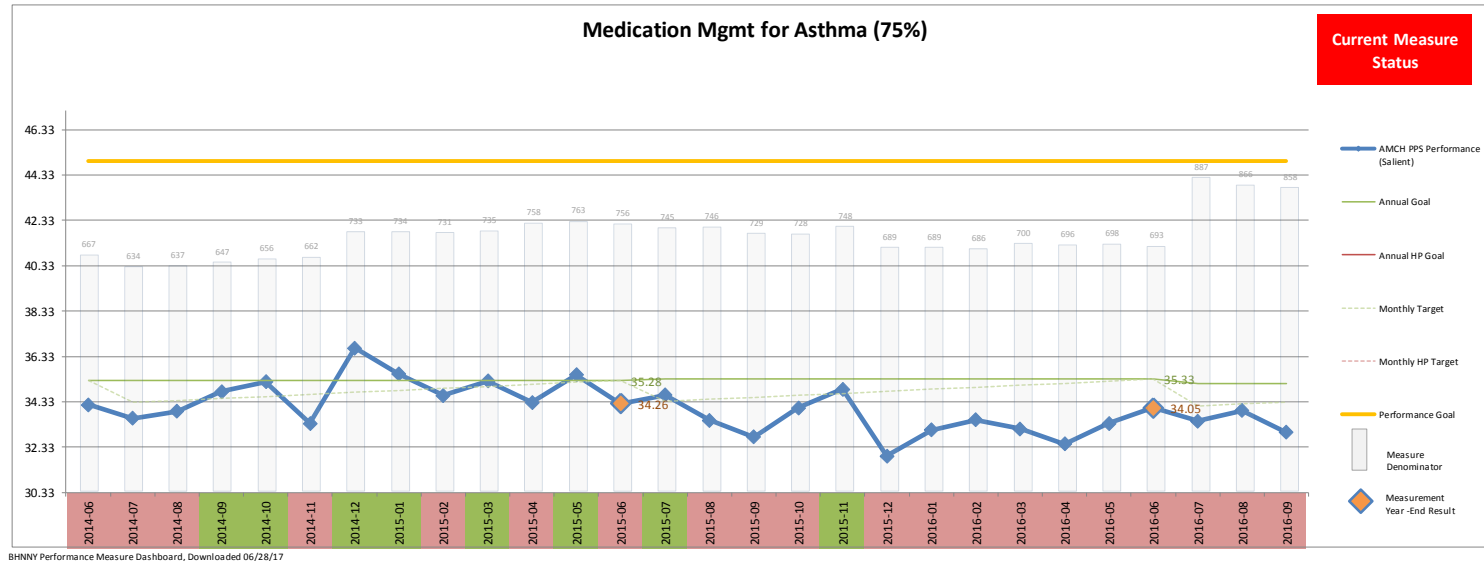
Medication Management for Asthma (75%)

Specification: HEDIS 2016

Numerator: Number of people who filled prescriptions for asthma controller medications during at least 75% of their treatment period

Denominator: Number of people, ages 5 to 64 years, who were identified as having persistent asthma, and who received at least one controller medication

Measure Name	Numerator Description	Denominator Description
Medication Management for Asthma (75%)	Number of people who filled prescriptions for asthma controller medications during at least 75% of their treatment period	Number of people, ages 5 to 64 years, who were identified as having persistent asthma, and who received at least one controller medication



Questions on BHNNY performance measures?

- Contact us at:
 - Phone: 518-264-3460 or
 - Email dsrip@mail.amc.edu