

DSRIP metrics: summary of adjustments, August 2021

Measurement periods DSRIP DY4 (2018-2020) and DY5 (2019-2021)

This document summarizes changes for demonstration year (DY) 4 and DY5 for the Delivery System Reform Incentive Payment (DSRIP) quality and outcome metrics. This accords with state findings during the continuous quality improvement and monitoring process.

The changes include global recalculation of 2018 pay-for-performance (P4P) baseline and improvement targets, adjustments to the DSRIP accountability program, and adoption of annual specification updates by measure stewards. Find specifications and more information on the [Medicaid Transformation metrics](#) webpage.

Global recalculation of CY2018 P4P results for baseline and improvement targets

DSRIP baseline and performance years are separated by two years to allow for the implementation of DSRIP projects. Improvement targets are prospectively released before the start of the associated performance year. However, metric specifications are updated annually by measure stewards. These updates can be substantial and require recalculation of prior measurement years to ensure consistency in measurement.

Changes will occur to the metric results for the calendar year (CY) 2018 measurement period to the most recent measurement period available (CY2020). This ensures consistency across all specifications. Metric results for the CY2017 measurement period will also be updated for comparison purposes. However, this update will not impact the final achievement value calculations for the CY2017-CY2019 performance cycle from the independent assessor.

The following table shows P4P metrics that were updated in the Project Toolkit.

	Title of toolkit metric & replacement	P4P/pay-for-reporting (P4R)	Associated project(s)	Rationale for removal and replacement
Original	Children's and Adolescents' Access to Primary Care Practitioners	P4P	2A, 3B	NCQA HEDIS retired original measure
1.1 New	Child and Adolescent Well-Care Visits (Ages 3-21 Years)	P4P	2A, 3B	
2.0 Original	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	P4P	3B	NCQA HEDIS retired original measure
2.1 New	Child and Adolescent Well-Care Visits (Ages 3-11 Years)	P4P	3B	
3.0 Original	Well-Child Visits in the First 15 Months of Life	P4P	3B	NCQA HEDIS updated original measure
3.1 New	Well-Child Visits in the First 30 Months of Life	P4P	3B	
4.0 Original	Comprehensive Diabetes Care: Medical Attention for Nephropathy	P4P	2A, 3D	NCQA HEDIS retired original measure
4.1 New	Kidney Health Evaluation with Patients with Diabetes	P4P	2A, 3D	

Rationale for removal and replacement

Children's and Adolescents' Access to Primary Care Practitioners (CAPS)/Child and Adolescent Well-Care Visits (CWV)

The National Committee of Quality Assurance (NCQA) retired the Healthcare Effectiveness Data and Information Set (HEDIS®) measure for Children's and Adolescents' Access to Primary Care Practitioners. CAPS is the percentage of Medicaid beneficiaries of age who had an ambulatory or preventive care visit in the measurement year. This includes, but is not limited to, general medical exams and well child-visits. This includes all age bands from

- Age 12-24 months
- Age 25 months - 6 years
- Age 7-11 years
- Age 12-19 years

The state has replaced CAPS with Child and Adolescent Well-Care Visits (CWV) to align with NCQA HEDIS® recommendations. CWV has similar age bands to CAPS. However, 12-24 months will not be fulfilled in CWV. CWV is the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. This will be accounted for in the updated well-child visits in the first 30 months of life. The age bands for CWV are as follows

- Age 3-11 years
- Age 12-17 years
- Age 18-21 years

Given that this is a new metric, and no national benchmark is available for the baseline period (CY2018), the achievement value will be calculated using the improvement-over-self approach.

Well-Child Visits in the 3rd , 4th, 5th, and 6th Years of Life (W34) / Child and Adolescent Well-Care Visits (CWV)

The NCQA retired the HEDIS® measure for Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life. This metric includes a single age band from 3-6 years. This measure measures the percentage of children 3-6 years of age who had one or more well-child visit with a primary care physician during the measurement year.

The state has replaced Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life with Child and Adolescent Well-Care Visits (CWV) to align with NCQA HEDIS® recommendations. This measures the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. CWV will reflect performance based on the ages 3-11 years.

Given that this is a new metric, and no national benchmark is available for the baseline period (CY2018), the achievement value will be calculated using the improvement-over-self approach.

Well-Child Visits in the First 15 Months of Life (W15) / Well-Child Visits in the First 30 Months of Life

The NCQA updated the HEDIS® measure for Well-Child Visits in the First 15 Months of Life. This measures the percentage of Medicaid beneficiaries who turned 15 months old during the measurement year and who had six or more well-child visits during their first 15 months of life. This metric calculated using a single metric result.

The state has replaced Well-Child Visits in the First 15 Months of Life with Well-Child Visits in the First 30 Months of Life (W30) to align with NCQA HEDIS® recommendations. This measures the percentage of members who had the following number of well-child visits with a PCP during the last 15 months. W30 will reflect performance based on two age bands:

- Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
- Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

Given that this is a new metric, and no national benchmark is available for the baseline period (CY2018), the achievement value will be calculated using the improvement-over-self approach.

Comprehensive Diabetes Care: Medical Attention for Nephropathy (CDC)/Kidney Health Evaluation with Patients with Diabetes

The NCQA retired the HEDIS® measure for Comprehensive Diabetes Care: Medical Attention for Nephropathy. CDC assesses the percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening test or monitoring test or had evidence of nephropathy during the measurement year. This metric is calculated using a single metric result from 18–75 years.

The state has replaced Comprehensive Diabetes Care: Medical Attention for Nephropathy with Kidney Health Evaluation with Patients with Diabetes (KED) to align with NCQA HEDIS® recommendations. KED assesses the percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. This metric is calculated using a single metric result from 18–85 years.

Given that this is a new metric, and no national benchmark is available for the baseline period (CY2018), the achievement value will be calculated using the improvement-over-self approach.

Statewide accountability update

The following table shows statewide accountability P4P metrics that were updated in the funding and mechanic's protocol.

	Title of toolkit metric & replacement	P4P / P4R	Associated project(s)	Rationale for removal and replacement
1.0 original	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	P4P	3B	NCQA HEDIS retired original measure
1.1 new	Child and Adolescent Well-Care Visits (Ages 3–11 Years)	P4P	3B	

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)/Child and Adolescent Well-Care Visits (CWV)

The NCQA retired the HEDIS® measure for Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life. This metric includes a single age band from 3–6 years. This measures the percentage of children 3–6 years of age who had one or more well-child visits with a primary care physician during the measurement year.

The state has replaced Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life with Child and Adolescent Well-Care Visits (CWV) to align with NCQA HEDIS® recommendations. This measure measures the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. CWV will reflect performance based on the ages 3 – 11 years.

Given that this is a new metric, and no national benchmark is available for the baseline period (CY2018), an improvement-over-self approach will be used in the QI model.

High-performance pool update

What is a “dual” or “dual eligible” person?

These terms refers to people who qualify for both Medicaid and Medicare.

Why aren’t duals counted in attribution for project incentive allocation, and pay for performance (P4P) measurement?

It boils down to data availability and data consistency. The state does not have access to the full breadth of Medicare data for all P4P metrics and counting them without being able to see the whole picture of services for these clients would make it more difficult to track improvements under the Medicaid Transformation Project. To maintain consistency in measurement, the state deemed that attribution for project incentives and P4P metrics would not include duals.

Are duals included in high-performance incentives?

Yes. Duals are included in six of the nine metrics connected to the high-performance incentives. In early 2018, during design of these incentives, the state recognized an opportunity to capture the dual experience by including duals in a subset of high-performance metrics, where the data on duals was robust. The state is confident that it can reliably include duals in the production of six of the nine metrics connected to ACH high-performance Incentives.

The metrics where duals are included are:

- 1) All-cause emergency department visits per 1,000 member months
- 2) Mental health treatment penetration (broad definition)
- 3) Percent arrested
- 4) Percent homeless (narrow definition)
- 5) Plan all-cause readmission rate (30 days)
- 6) Substance use disorder treatment penetration include the dually eligible population for metrics for which full Medicare and Medicaid data are available.

The following table shows high-performance pool P4P metrics that were updated in measurement guide.

	Title of toolkit metric & replacement	P4P/P4R	Associated project(s)	Rationale for removal and replacement
1.0 original	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	P4P	3B	NCQA HEDIS retired original measure
1.1 new	Child and Adolescent Well-Care Visits (Ages 3-11 Years)	P4P	3B	

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)/Child and Adolescent Well-Care Visits (CWV)

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The state has replaced Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life with Child and Adolescent Well-Care Visits (CWV) to align with NCQA HEDIS® recommendations. This measures the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. CWV will reflect performance based on the ages 3-11 years.

Given that this is a new metric, and no national benchmark is available for the baseline period (CY2018), an improvement-over-self approach will be used in the QI model.

DY4 P4P flexibility

CMS approved flexibility for 2020 P4P achievement value (AV) calculations. The flexibility allows the state to compare results by metric (CY2019 regional results, CY2019 statewide average, or the CY2020 regional results).

Changes are available in the [measurement guide](#).

In the following table, the fabricated CY2019 and CY2020 data used does not reflect actual or anticipated results. Shaded green indicates the more favorable result that would be used in the AV calculation for that metric for that region.

ACH	Metric	CY2018 baseline	Improvement target	CY2019 performance	CY2019 statewide avg.	CY2020 performance
ACH A	Antidepressant Medication Management: Acute	51.36%	52.69%	52.1%	51.3%	52.8%
ACH B	Antidepressant Medication Management: Acute	50.38%	51.82%	51.0%	51.3%	52.1%
ACH C	Antidepressant Medication Management: Acute	55.25%	56.20%	56.5%	51.3%	56.1%
ACH D	Plan All-Cause Hospital Readmission Rate	10.95	10.74	10.7	10.6	11.9

Updates to the value-based purchasing (VBP) calculation methodology

CMS approved a VBP improvement score methodology adjustment to better balance incentivizing target achievement and rewarding improvement. This change will not be retroactive and will take place in DY4 and 5. The change impacts how the improvement score is calculated for P4P VBP and statewide accountability VBP

adoption based on achievement scoring. The change impacts both the ACH P4P VBP and the statewide accountability VBP adoption formats.

Previous: VBP actual – baseline / baseline

$$\text{Improvement Score} = \frac{\text{Performance Year VBP Adoption (\%)} - \text{Baseline Year VBP Adoption (\%)}}{\text{Baseline Year VBP Adoption (\%)}}$$

Approved change: VBP actual (%) – baseline year VBP adoption (%) / VBP target adoption (%) – baseline year VBP adoption (%)

$$\text{Improvement Score} = \frac{\text{PY VBP adoption actual} - \text{Baseline}}{\text{PY VBP adoption target} - \text{Baseline}}$$

For questions, please contact the Medicaid Transformation team at medicaidtransformation@hca.wa.gov.