



**Department
of Health**

Medicaid
Redesign Team

Measurement Year 1 Official Results

December 2016

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1. Executive summary

- Measurement Year (MY) 1 started July 1, 2014 and ended June 30, 2015.
- MY1 performance results are not an indicator of future performance, as Performing Provider Systems (PPSs) were in the network formation stage during this period.

Statewide measure results:

- Five of the twelve system wide transformation measures that had comparable data improved in MY1.

PPS performance results*:

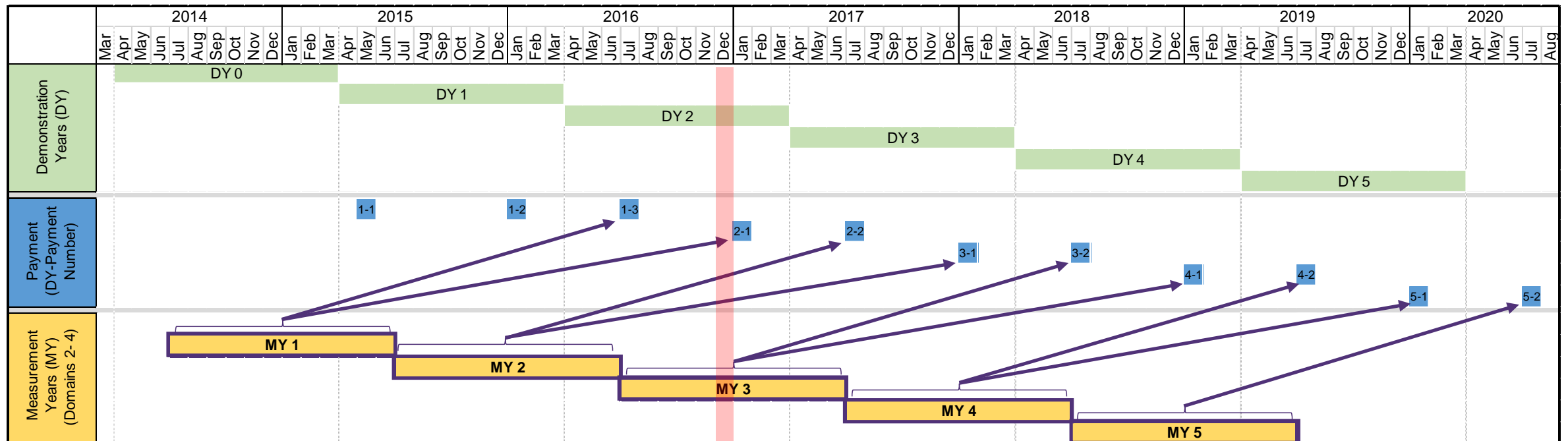
- Two PPSs achieved greater than 50% of their performance measure targets.
- Eight PPSs achieved 20% or less of their total performance measure targets.
- On average, PPSs achieved 27% of their performance measure targets.

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 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.

2. Measurement Year 1 started July 1, 2014 and ended June 30, 2015.

- All of the payments associated with MY1 were based on Pay for Reporting (P4R). Pay for performance (P4P) began in MY2.
- The first payment was distributed in July 2016, with the second payment scheduled for January 2017.



November 2016

3. Considerations

- MY1 performance results do not necessarily portray an accurate indication of future performance.
 - PPSs were still forming their networks during this period and had not yet started implementing their project plans during MY1.
 - Performance targets in MY2 will become easier to achieve relative to MY1 targets for PPSs whose MY1 performance regressed from baseline.
- Not all measures have results for comparison. Comparative MY1 results are only reported in this presentation for measures that have 2 official data points: baseline and MY1 result data. 39 measures met this criteria.
 - For most non-claims based measures, such as those dependent on CAHPS surveys and Medical Record Review, MY1 results are used as the baseline and therefore comparative data is not available.
- Measure achievement is defined as:
 - Annual Improvement Target (AIT) Achievement:
 - 10% Gap to Goal closure (between baseline and performance goal)
 - High Performance Target Achievement:
 - 20% Gap to Goal closure (between baseline and performance goal) or
 - Exceeding the statewide performance target

4. Statewide measure results*

On a statewide basis, five of the system-wide transformation measures improved in MY1.

- Statewide Milestone #1 is a test of the universal set of statewide delivery system improvement measures.*
- The universal set of statewide measures consists of 18 measures, 12 of which have comparable data.

#	Statewide category	Statewide measure name	Improved/ maintained? - MY1 vs MY0	% variance - MY1 vs MY0
1	Potentially Avoidable Services	Potentially Preventable Readmissions	Yes	3.2%
2	Potentially Avoidable Services	PQI - 90 - Composite of All Measures	Yes	6.3%
3	Access to Care	Children's Access to Primary Care - 7 to 11 years	Yes	0.1%
4	Access to Care	Children's Access to Primary Care - 12 to 19 years	Yes	0.3%
5	Primary Care	Percent of PCP (Primary Care Providers) Meeting PCMH or Advance Primary Care Standards	Yes	12.5%
6	Potentially Avoidable Services	Potentially Preventable Emergency Room Visits	No	-1.9%
7	Potentially Avoidable Services	PDI - 90 - Composite of All Measures	No	-4.9%
8	Access to Care	Adult Access to Preventive or Ambulatory Care – 20 to 44 years	No	-2.2%
9	Access to Care	Adult Access to Preventive or Ambulatory Care – 45 to 64 years	No	-1.1%
10	Access to Care	Adult Access to Preventive or Ambulatory Care – 65 and older^	No	-0.2%
11	Access to Care	Children's Access to Primary Care - 25 months to 6 years	No	-0.04%
12	Access to Care	Children's Access to Primary Care - 12 to 24 Months	No	-0.9%
13	System Integration Meaningful Use Providers	Percent of Eligible Providers who have Participating Agreements with Qualified Entities	N/A	
14	System Integration Meaningful Use Providers	Percent of Eligible Providers who are able to Participate in Bidirectional Exchange	N/A	
15	Primary Care	Primary Care - Usual Source of Care	N/A	
16	Primary Care	Primary Care - Length of Relationship	N/A	
17	Timely Access	Getting Timely Appointments, Care and information (Q6, 8, and 10)	N/A	
18	Care Transitions	Care Coordination (Q13,17 and 20)	N/A	

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

* The Independent Assessor will determine if the state has passed this milestone beginning in DY3. This milestone will be considered passed in any given year if more metrics in these domains are improving on a statewide level than are worsening, as compared to the prior year as well as compared to initial baseline performance.

^ 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.

N/A: Data collection began in MY1. Therefore, comparative results not available.

Source: Public Consulting Group (PCG), statewide milestones m1 - m2 draft revised meeting 2016 8-23.xlsx, accessed on 8/29/2016.

Improved/ maintained

Regressed

5. PPS results by measure

This section shows how the PPSs performed on the measures during MY1. MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance. All Statewide measure results include all Medicaid members across the State, not just for the attributed population.

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

- Eight PPSs achieved 20% or less of their performance measure targets.

		Top range	Bottom range
% of performance measure targets met*	# of PPSs	PPS names	
Greater than 50%	2	Refuah Community Health Collaborative, New York-Presbyterian/Queens	
41% - 50%	2	Westchester Medical Center, Bassett Medical Center	
31% - 40%	3	Samaritan Medical Center, SUNY at Stony Brooke University Hospital, Sisters of Charity Hospital	
21% - 30%	10	Alliance for Better Health Care, SBH Health System, Advocate Community Providers, Nassau Queens, New York City Health and Hospitals, NYU Lutheran Medical Center, Care Compass Network, Bronx-Lebanon Hospital Center, Maimonides Medical Center, Montefiore Medical Center	
20% or less	8	Albany Medical Center Hospital, Staten Island, Millennium Collaborative Care, Adirondack Health Institute, Mount Sinai, Finger Lakes, The New York and Presbyterian Hospital, Central New York Care Collaborative	

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. The full table of measures can be found in Appendix E.

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

Performance was uneven across system-wide measures.

Measure name*	# PPSs that achieved measure target	# PPSs achieved measure target (%)	Turns P4P in:**
Follow-up care for Children Prescribed ADHD Medications - Continuation Phase^	20 / 25	80%	DY4
HP Antidepressant Medication Management - Effective Continuation Phase Treatment	18 / 25	72%	DY2
HP Antidepressant Medication Management - Effective Acute Phase Treatment	16 / 25	64%	DY2
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	13 / 25	52%	DY4
Children's Access to Primary Care - 12 to 19 years	9 / 25	36%	DY2
PQI 90 – Composite of all measures	9 / 25	36%	DY2
HP Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia^	9 / 25	36%	DY2
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	9 / 25	36%	DY2
Adult Access to Preventive or Ambulatory Care - 65 and older^	8 / 25	32%	DY2
HP Diabetes Monitoring for People with Diabetes and Schizophrenia^	7 / 25	28%	DY2
Children's Access to Primary Care - 7 to 11 years	6 / 25	24%	DY2
Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)	6 / 25	24%	DY2
HP Potentially Preventable Readmissions	5 / 25	20%	DY2
Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	5 / 25	20%	DY3
HP Follow-up after hospitalization for Mental Illness - within 30 days	5 / 25	20%	DY3
HP Follow-up after hospitalization for Mental Illness - within 7 days	5 / 25	20%	DY3
Children's Access to Primary Care - 25 months to 6 years	3 / 25	12%	DY3
PDI 90 – Composite of all measures	2 / 25	8%	DY3
Adherence to Antipsychotic Medications for People with Schizophrenia	2 / 25	8%	DY3
HP Potentially Preventable Emergency Department Visits (for persons with Behavioral Health diagnosis)	2 / 25	8%	DY3
Children's Access to Primary Care - 12 to 24 Months	1 / 25	4%	DY3
HP Potentially Preventable Emergency Room Visits	1 / 25	4%	DY3
Adult Access to Preventive or Ambulatory Care - 20 to 44 years	0 / 25	0%	DY3
Adult Access to Preventive or Ambulatory Care - 45 to 64 years	0 / 25	0%	DY3

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

* Table shows the Domain 2 & 3 performance measures where all 25 PPSs had comparable data. The full table of measures can be found in Appendix E.

** DY = Demonstration Year

HP: High Performance measure

^ 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.

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

Top four measures

Bottom four measures

6. High Performance measure results

Key findings - 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

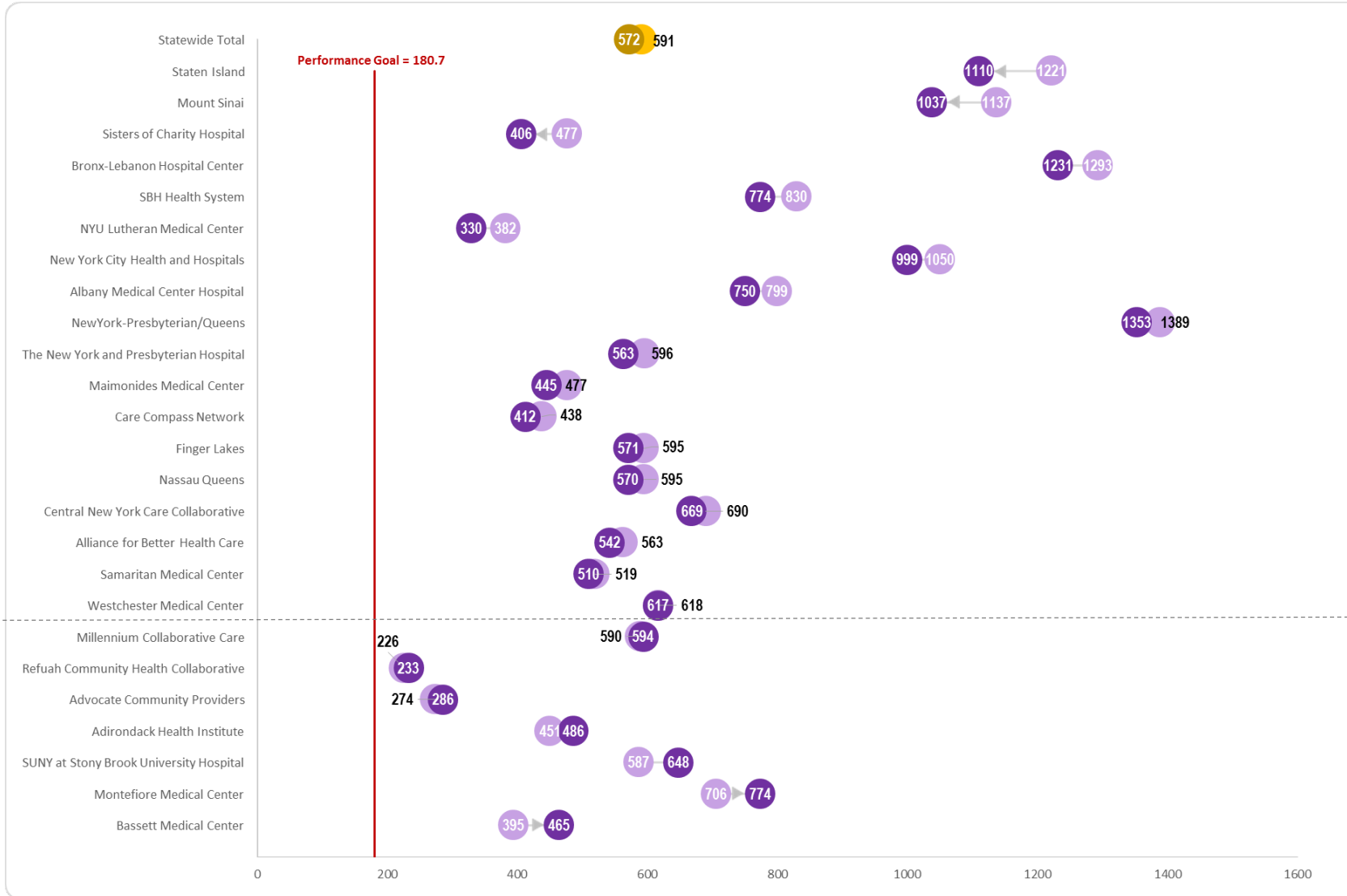
[^] The denominator for this measure is less than 30 for some Performing Provider System's, therefore the rates may not be stable due to small numbers.

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

Potentially Preventable Readmissions \pm

Rate of preventable hospital readmissions per 100,000 members in MY0 and MY1

PPS Result ● MY0 ● MY1
 Statewide Total ● MY0 ● MY1



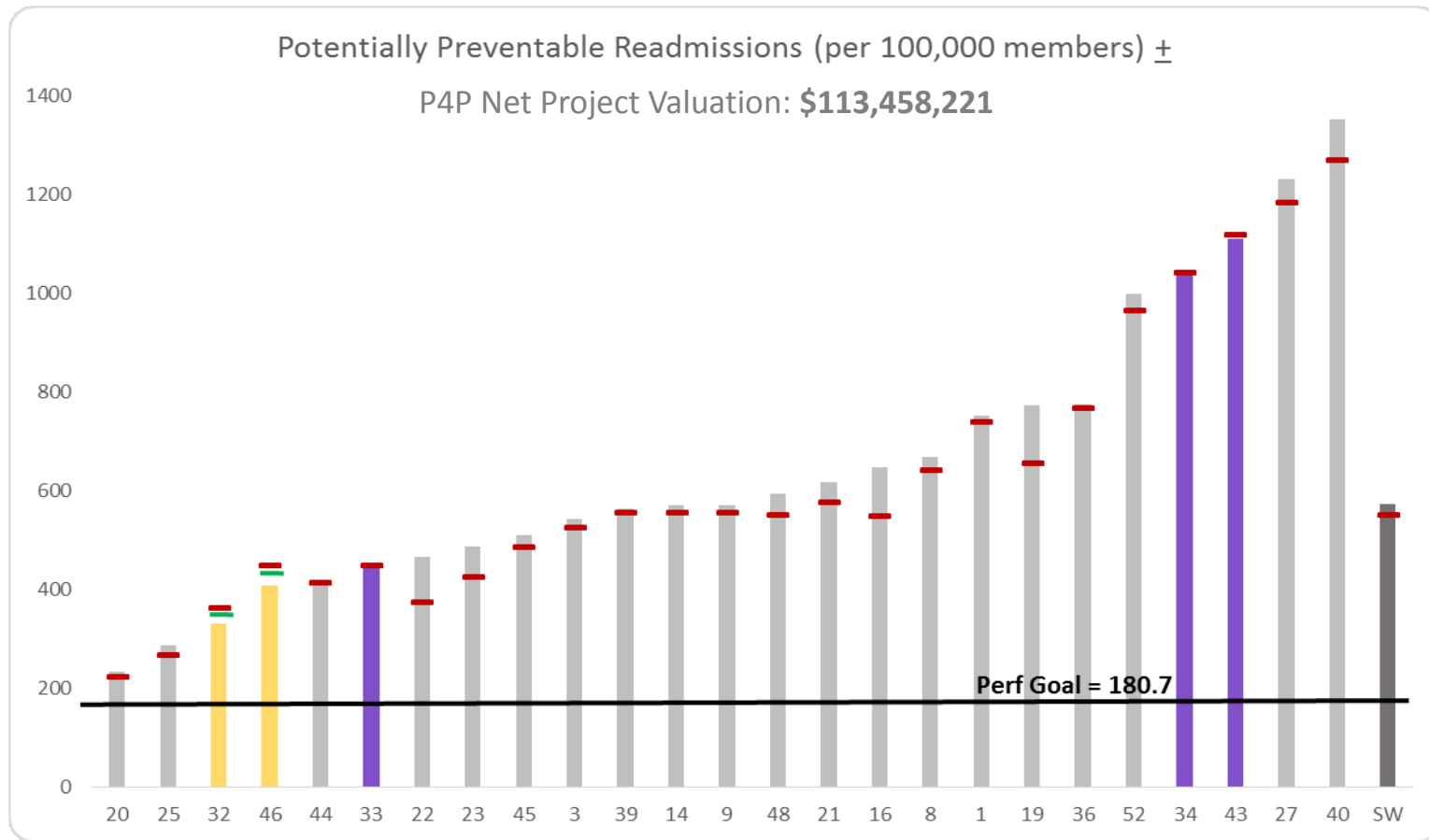
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MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

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

\pm A lower rate is desirable



PPS ID	Performing Provider System
20	Refuah Community Health Collaborative
25	Advocate Community Providers
32	NYU Lutheran Medical Center
46	Sisters of Charity Hospital
44	Care Compass Network
33	Maimonides Medical Center
22	Bassett Medical Center
23	Adirondack Health Institute
45	Samaritan Medical Center
3	Alliance for Better Health Care
39	The New York and Presbyterian Hospital
14	Nassau Queens
9	Finger Lakes
48	Millenium Collaborative Care
21	Westchester Medical Center
16	SUNY at Stony Brooke University Hospital
8	Central New York Care Collaborative
1	Albany Medical Center Hospital
19	Montefiore Medical Center
36	SBH Health System
52	New York City Health and Hospitals
34	Mount Sinai
43	Staten Island
27	Bronx-Lebanon Hospital Center
40	New York-Presbyterian/Queens
SW	Statewide Total*

LEGEND

- = MY1 Annual Improvement Target
- = MY1 High Performance Target
- = PPS met the MY1 Annual Improvement Target
- = PPS met the MY1 High Performance Target

± A lower rate is desirable

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

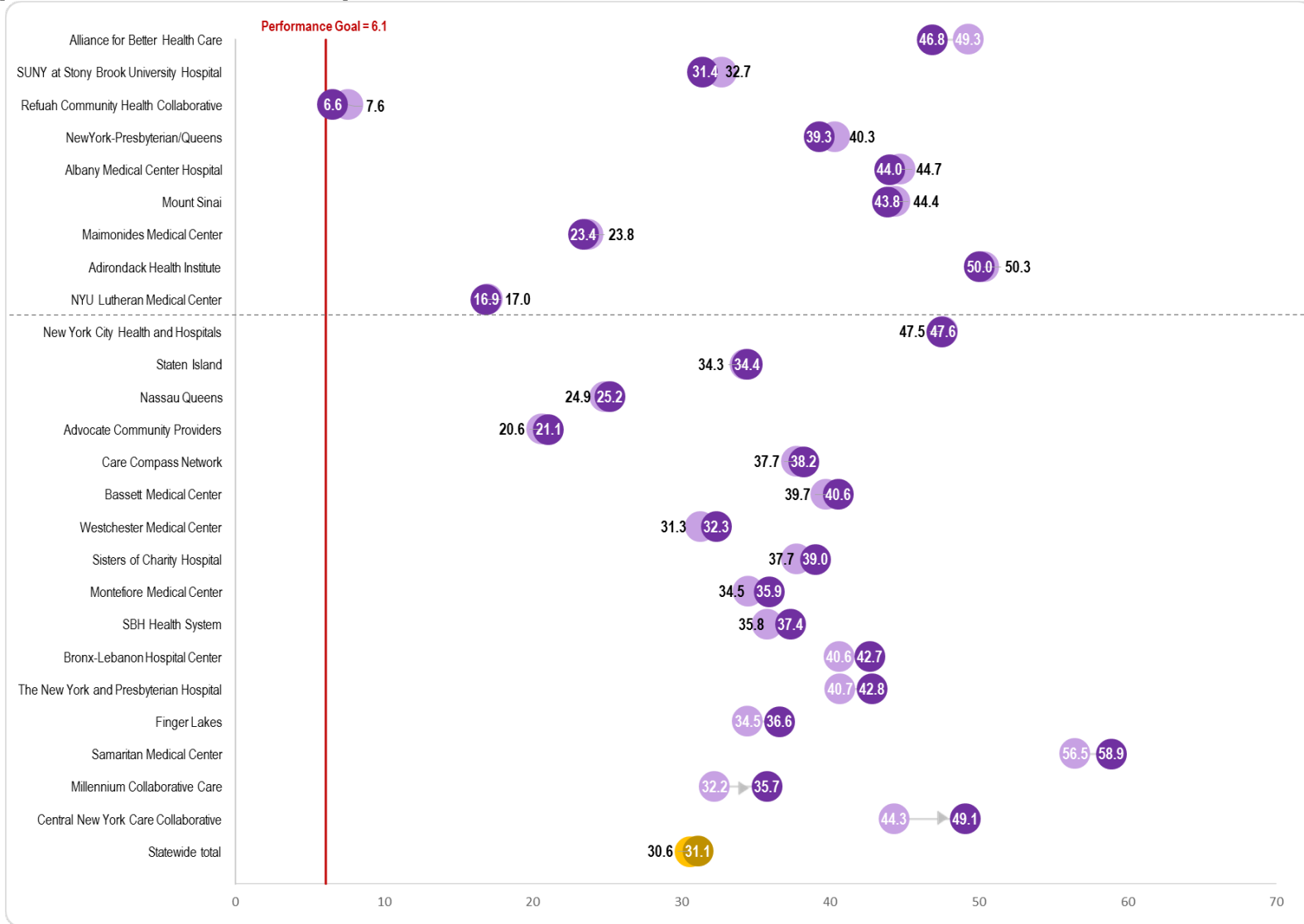
* Statewide total includes all Medicaid members across the state, not just the attributed population.

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

Potentially Preventable Emergency Room Visits ±

Rate of preventable ER visits per 100 members in MY0 and MY1

PPS Result ● MY0 ● MY1
 Statewide Total ● MY0 ● MY1



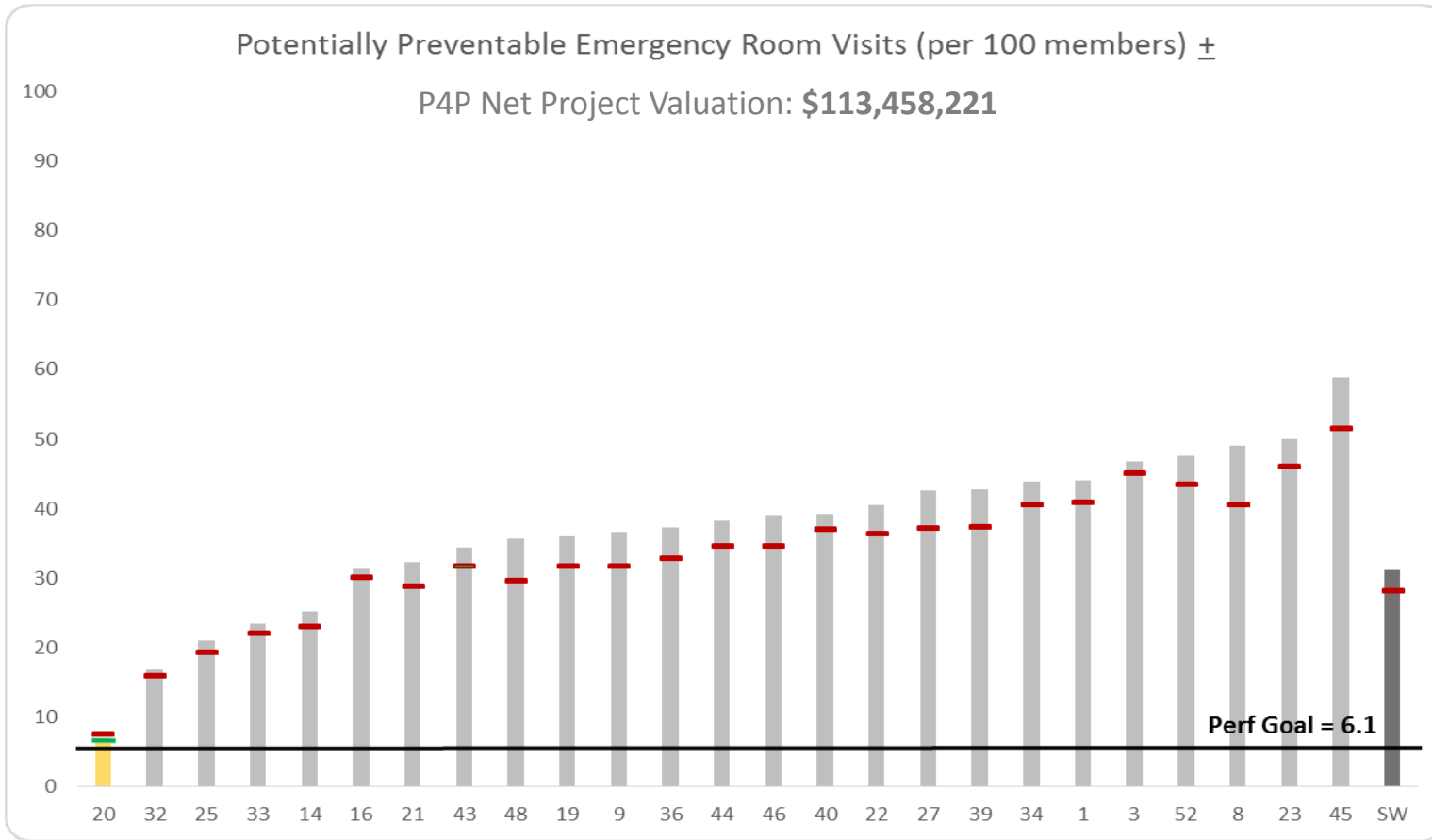
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MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

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

± A lower rate is desirable



PPS ID	Performing Provider System
20	Refuah Community Health Collaborative
32	NYU Lutheran Medical Center
25	Advocate Community Providers
33	Maimonides Medical Center
14	Nassau Queens
16	SUNY at Stony Brooke University Hospital
21	Westchester Medical Center
43	Staten Island
48	Millennium Collaborative Care
19	Montefiore Medical Center
9	Finger Lakes
36	SBH Health System
44	Care Compass Network
46	Sisters of Charity Hospital
40	New York-Presbyterian/Queens
22	Bassett Medical Center
27	Bronx-Lebanon Hospital Center
39	The New York and Presbyterian Hospital
34	Mount Sinai
1	Albany Medical Center Hospital
3	Alliance for Better Health Care
52	New York City Health and Hospitals
8	Central New York Care Collaborative
23	Adirondack Health Institute
45	Samaritan Medical Center
SW	Statewide Total*

LEGEND

- = MY1 Annual Improvement Target
- = MY1 High Performance Target
- = PPS met the MY1 Annual Improvement Target
- = PPS met the MY1 High Performance Target

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

* Statewide total includes all Medicaid members across the state, not just the attributed population.

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

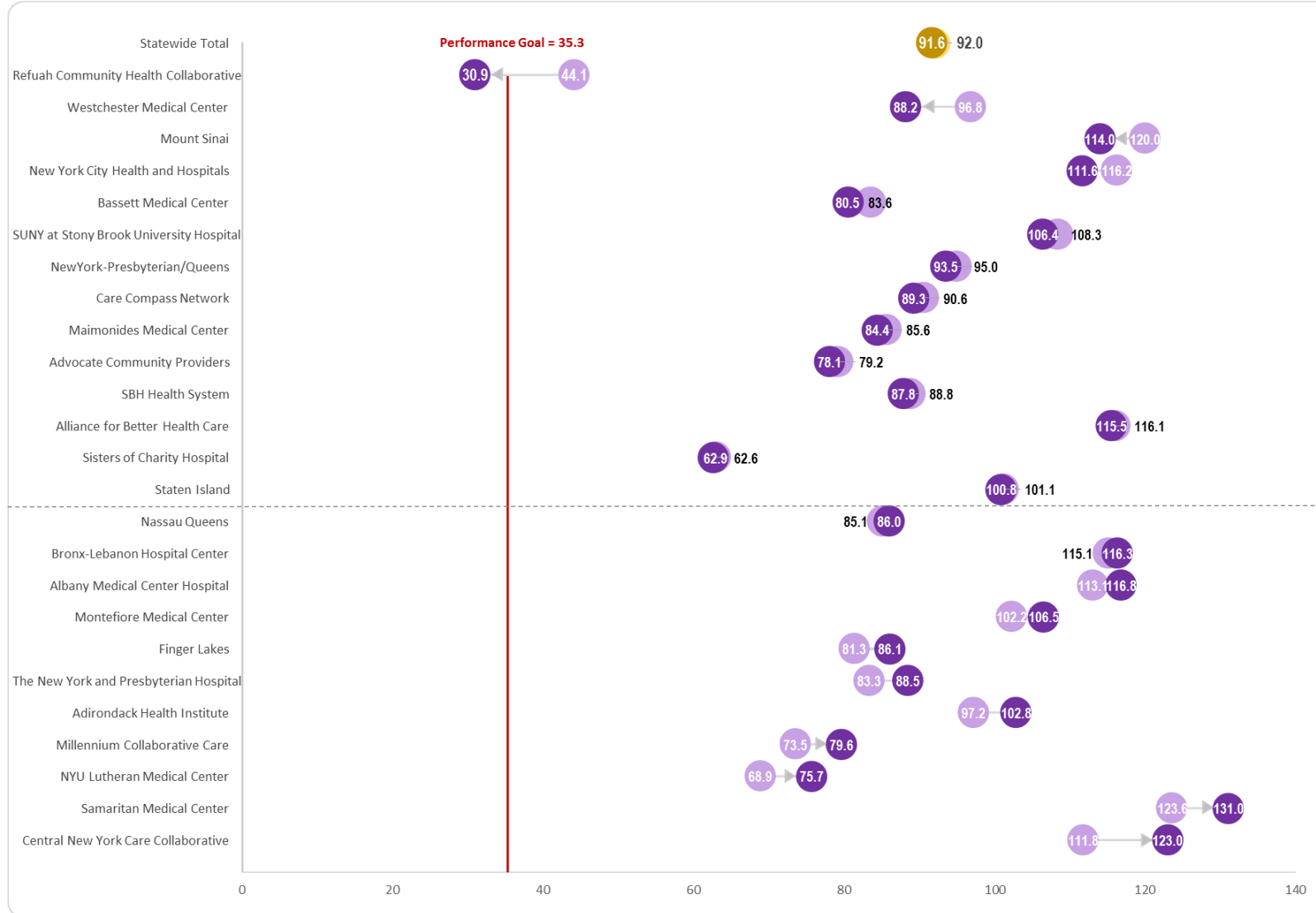


Potentially Preventable Emergency Room Visits (BH Population) ±

Rate of preventable ER visits per 100 members with a Behavioral Health diagnosis in MY0 and MY1

PPS Result ● MY0 ● MY1

Statewide Total ● MY0 ● MY1



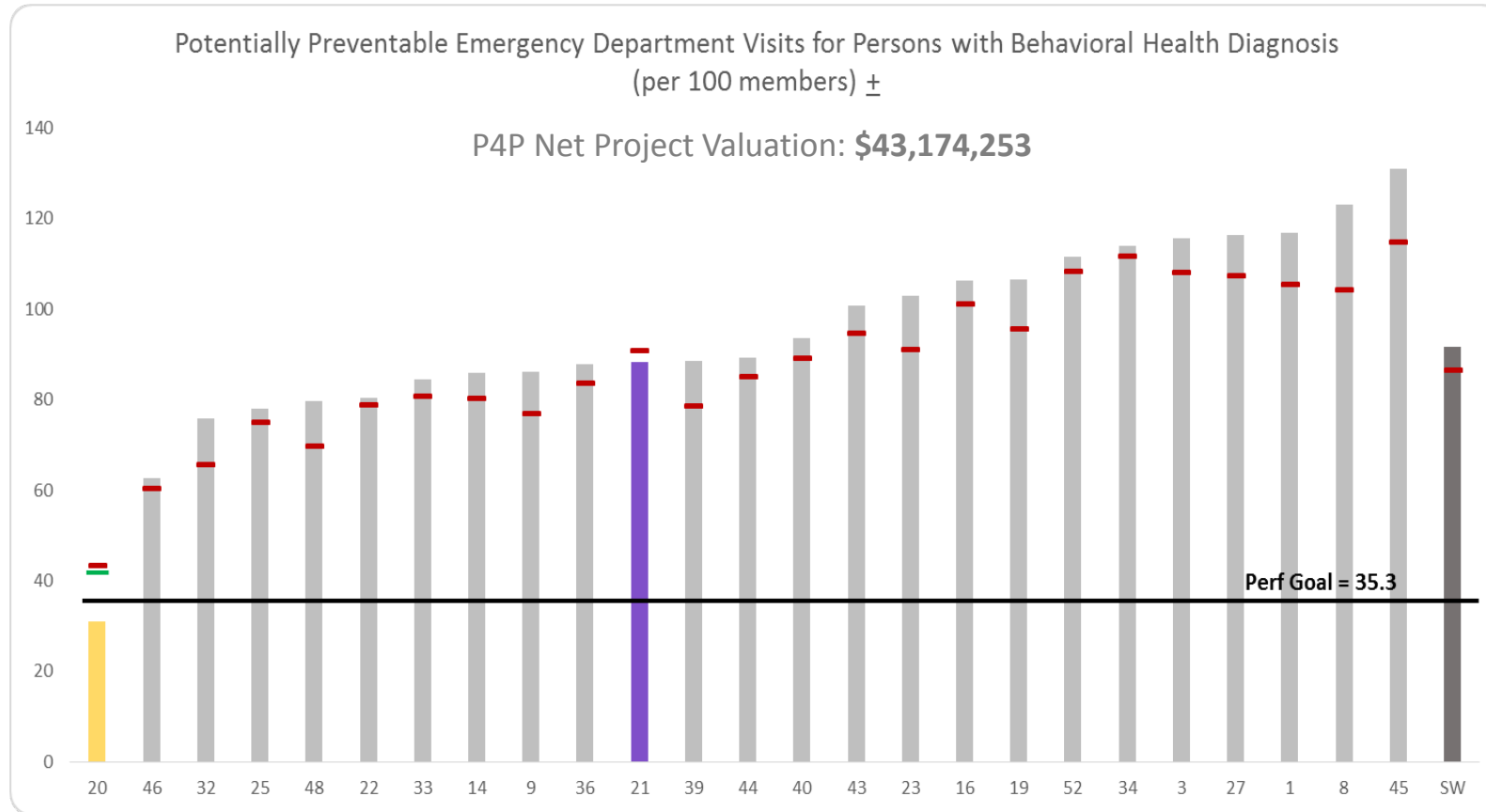
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MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

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

± A lower rate is desirable



PPS ID	Performing Provider System
20	Refuah Community Health Collaborative
46	Sisters of Charity Hospital
32	NYU Lutheran Medical Center
25	Advocate Community Providers
48	Millennium Collaborative Care
22	Bassett Medical Center
33	Maimonides Medical Center
14	Nassau Queens
9	Finger Lakes
36	SBH Health System
21	Westchester Medical Center
39	The New York and Presbyterian Hospital
44	Care Compass Network
40	New York-Presbyterian/Queens
43	Staten Island
23	Adirondack Health Institute
16	SUNY at Stony Brooke University Hospital
19	Montefiore Medical Center
52	New York City Health and Hospitals
34	Mount Sinai
3	Alliance for Better Health Care
27	Bronx-Lebanon Hospital Center
1	Albany Medical Center Hospital
8	Central New York Care Collaborative
45	Samaritan Medical Center
SW	Statewide Total*

LEGEND

- = MY1 Annual Improvement Target
- = MY1 High Performance Target
- = PPS met the MY1 Annual Improvement Target
- = PPS met the MY1 High Performance Target

± A lower rate is desirable

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

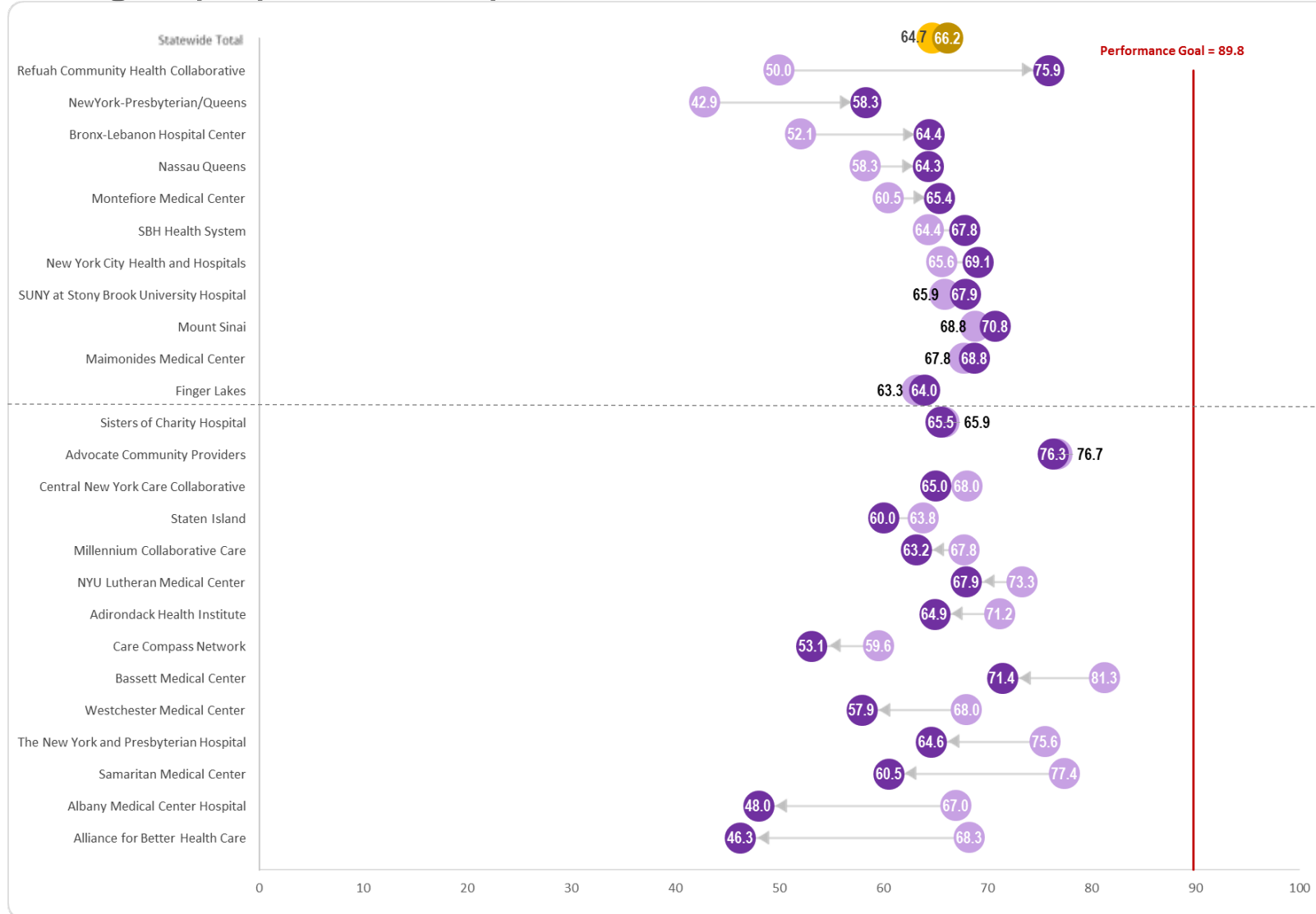
* Statewide total includes all Medicaid members across the state, not just the attributed population.

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



Diabetes Monitoring for People with Diabetes and Schizophrenia

Percentage of people with schizophrenia and diabetes who had both an LDL-C test and HbA1c test in MY0 and MY1



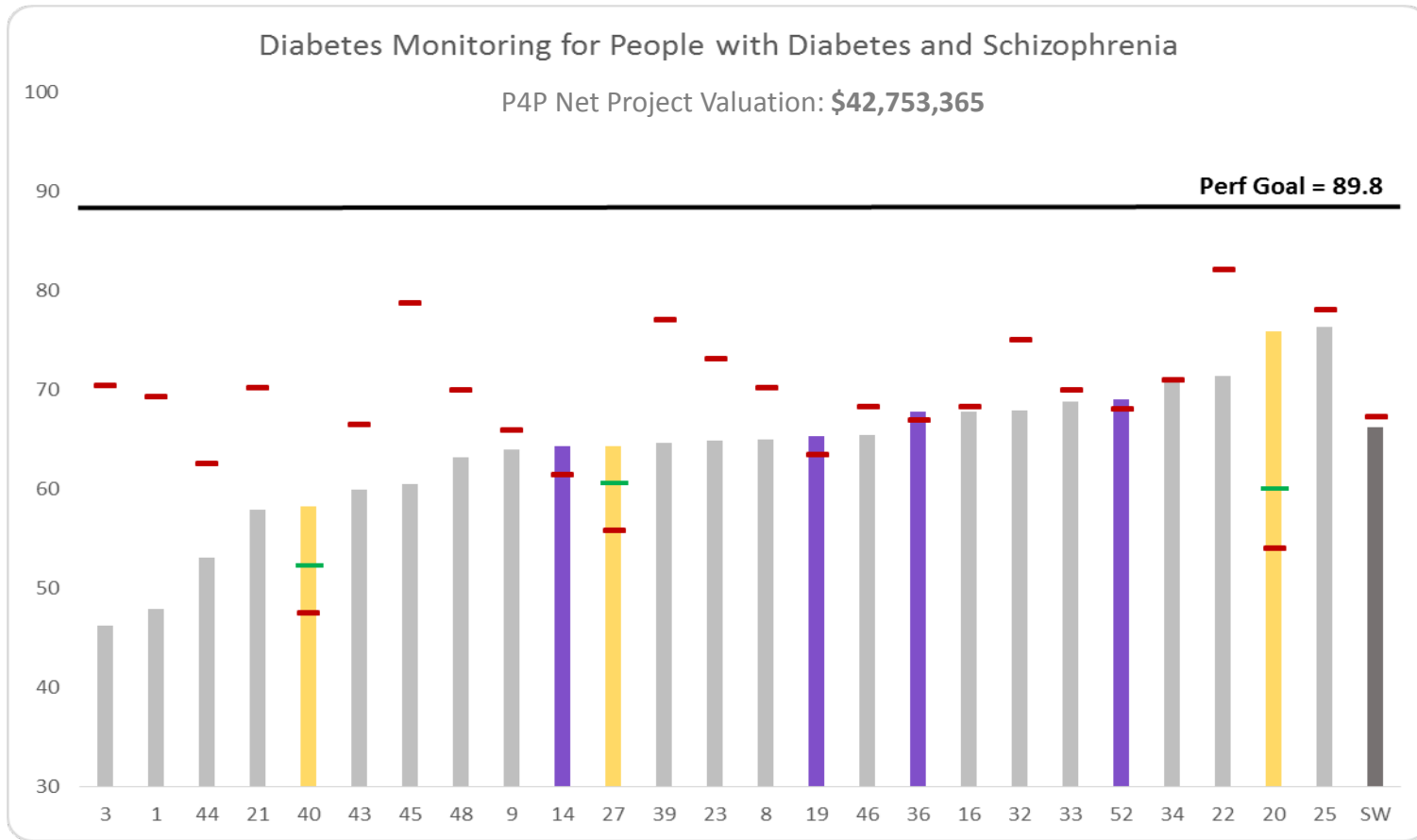
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Moving in wrong direction

PPS Result MY0 MY1
 Statewide Total MY0 MY1

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

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



PPS ID	Performing Provider System
3	Alliance for Better Health Care
1	Albany Medical Center Hospital
44	Care Compass Network
21	Westchester Medical Center
40	New York-Presbyterian/Queens
43	Staten Island
45	Samaritan Medical Center
48	Millennium Collaborative Care
9	Finger Lakes
14	Nassau Queens
27	Bronx-Lebanon Hospital Center
39	The New York and Presbyterian Hospital
23	Adirondack Health Institute
8	Central New York Care Collaborative
19	Montefiore Medical Center
46	Sisters of Charity Hospital
36	SBH Health System
16	SUNY at Stony Brooke University Hospital
32	NYU Lutheran Medical Center
33	Maimonides Medical Center
52	New York City Health and Hospitals
34	Mount Sinai
22	Bassett Medical Center
20	Refuah Community Health Collaborative
25	Advocate Community Providers
SW	Statewide Total*

LEGEND

- = MY1 Annual Improvement Target
- = MY1 High Performance Target
- = PPS met the MY1 Annual Improvement Target
- = PPS met the MY1 High Performance Target

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

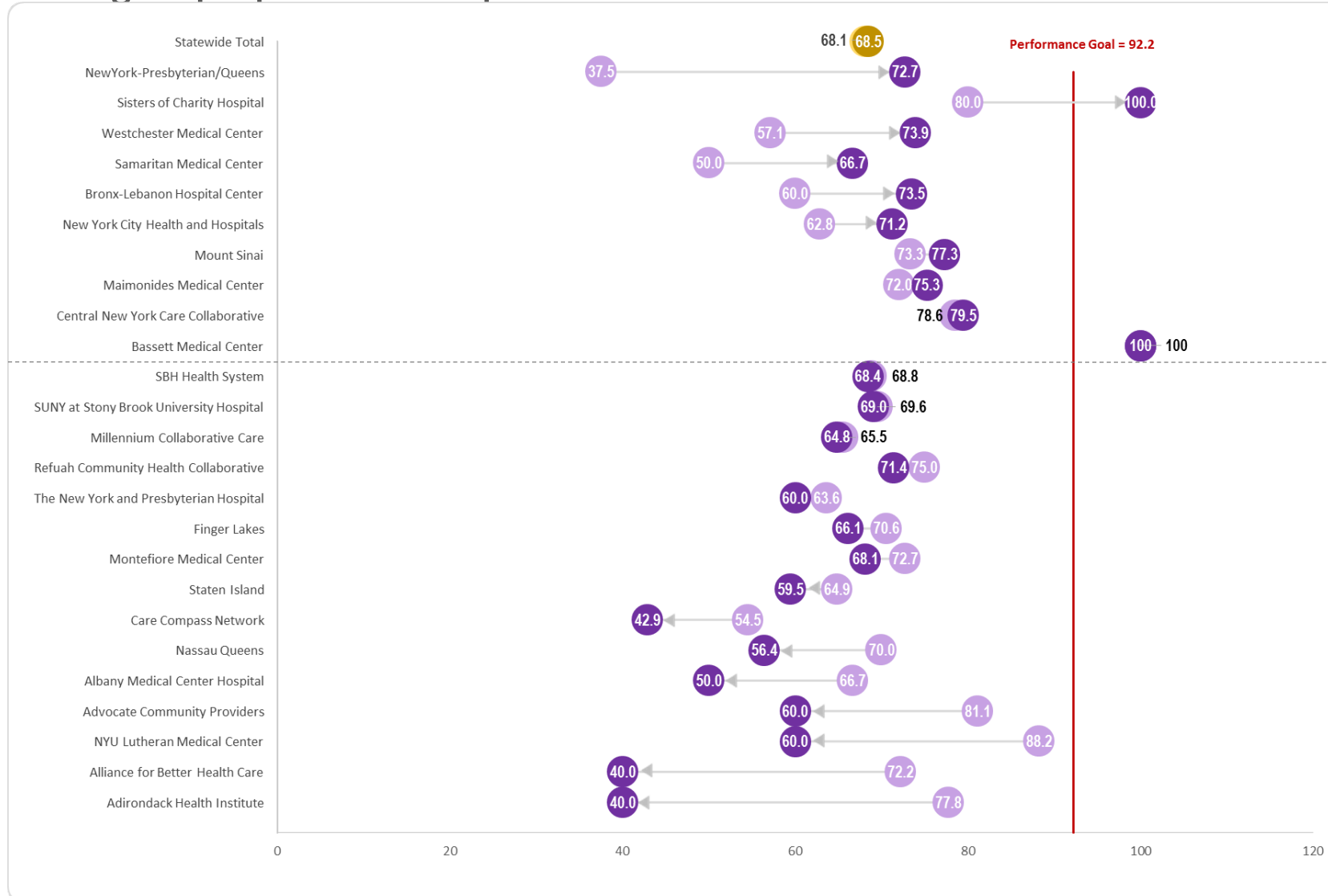
* Statewide total includes all Medicaid members across the state, not just the attributed population.

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



Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Percentage of people with schizophrenia and cardiovascular disease who had an LDL-C test in MY0 and MY1



Moving in right direction



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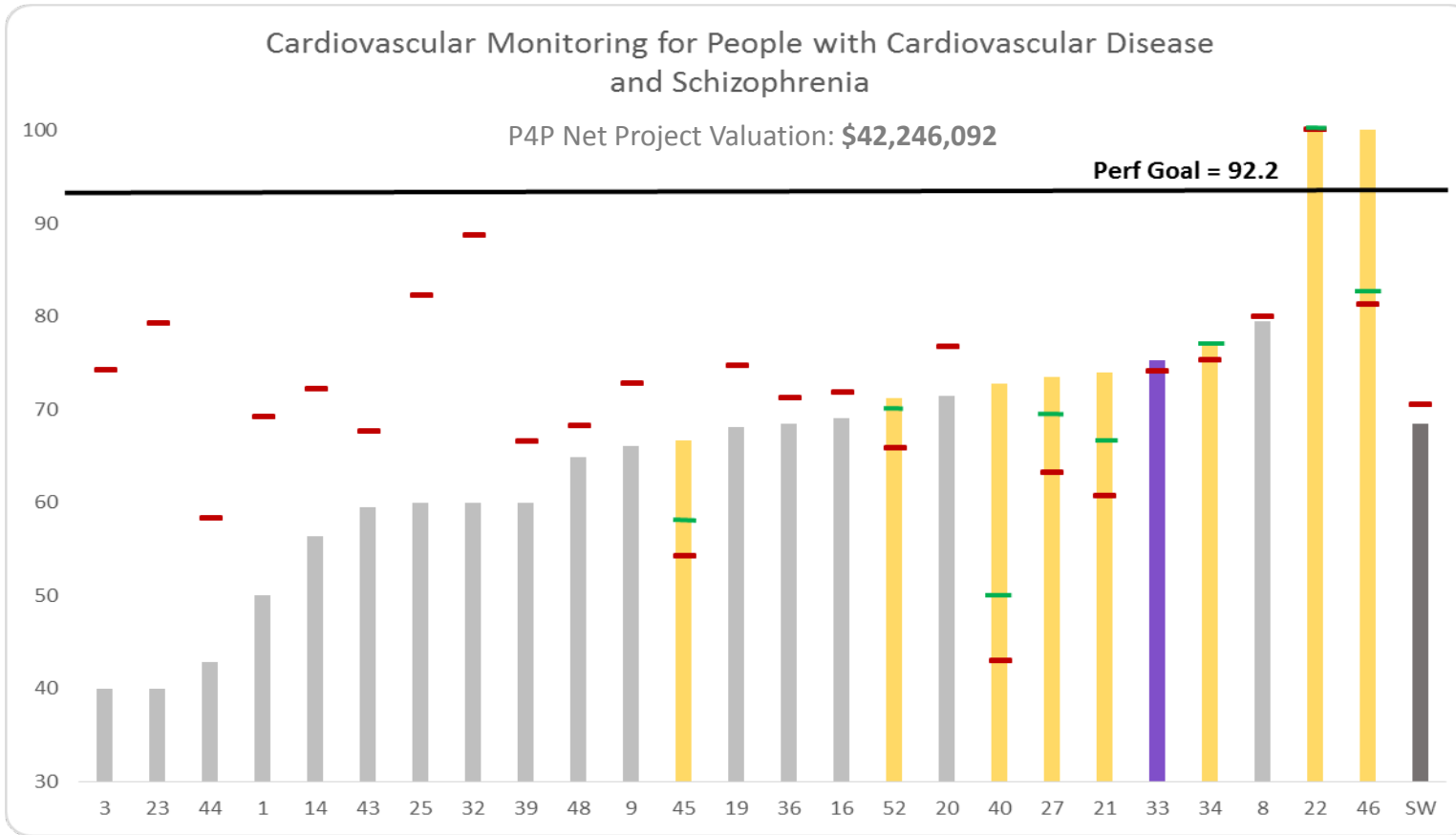


PPS Result ● MY0 ● MY1

Statewide Total ● MY0 ● MY1

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

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



PPS ID	Performing Provider System
3	Alliance for Better Health Care
23	Adirondack Health Institute
44	Care Compass Network
1	Albany Medical Center Hospital
14	Nassau Queens
43	Staten Island
25	Advocate Community Providers
32	NYU Lutheran Medical Center
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27	Bronx-Lebanon Hospital Center
21	Westchester Medical Center
33	Maimonides Medical Center
34	Mount Sinai
8	Central New York Care Collaborative
22	Bassett Medical Center
46	Sisters of Charity Hospital
SW	Statewide Total*

LEGEND

- = MY1 Annual Improvement Target
- = MY1 High Performance Target
- = PPS met the MY1 Annual Improvement Target
- = PPS met the MY1 High Performance Target

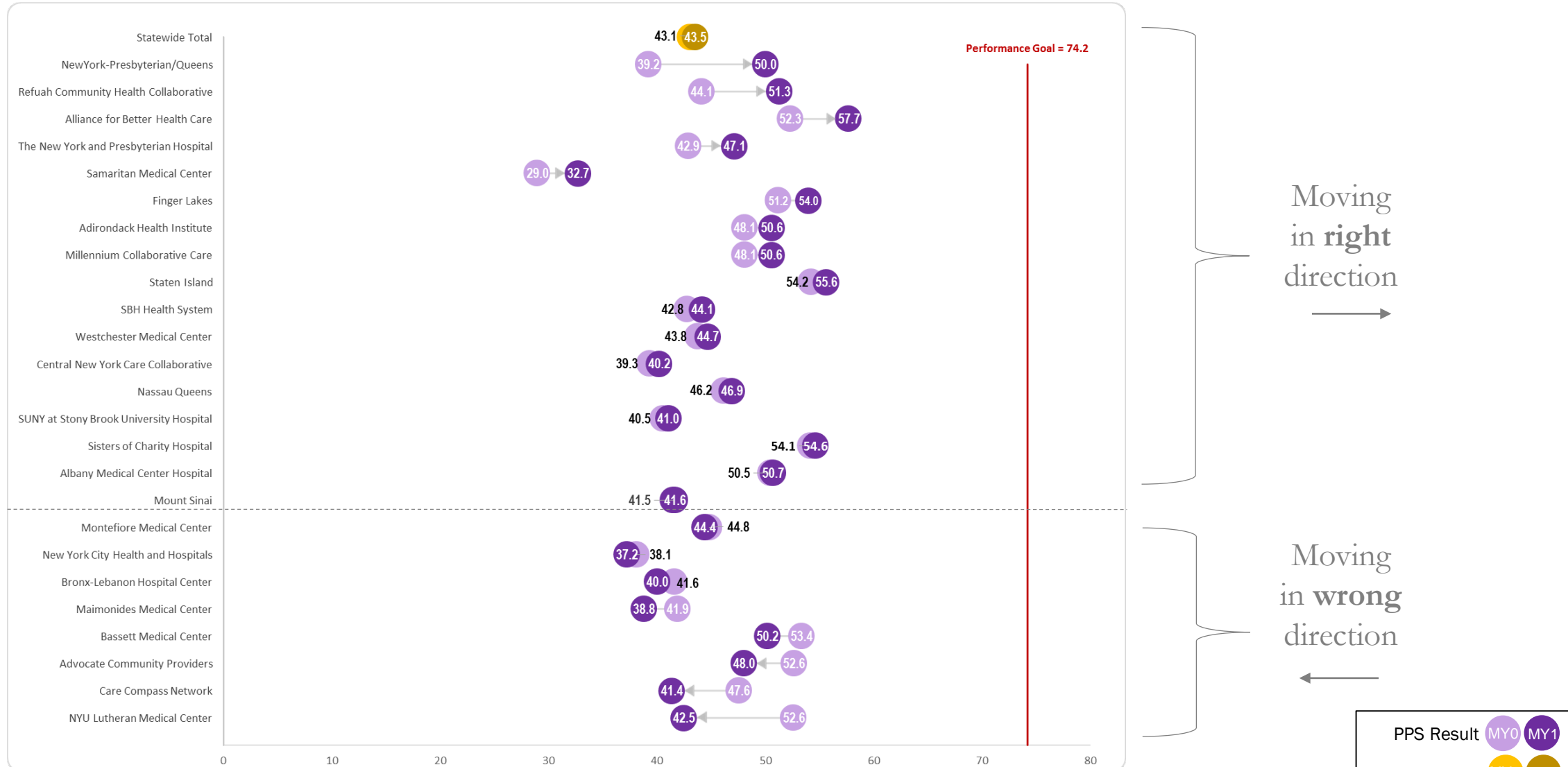
MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

* Statewide total includes all Medicaid members across the state, not just the attributed population.

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

Follow Up After Hospitalization for Mental Illness – within 7 Days

Percentage of discharges that had treatment with a mental health provider within 7 days of discharge in MY0 and MY1

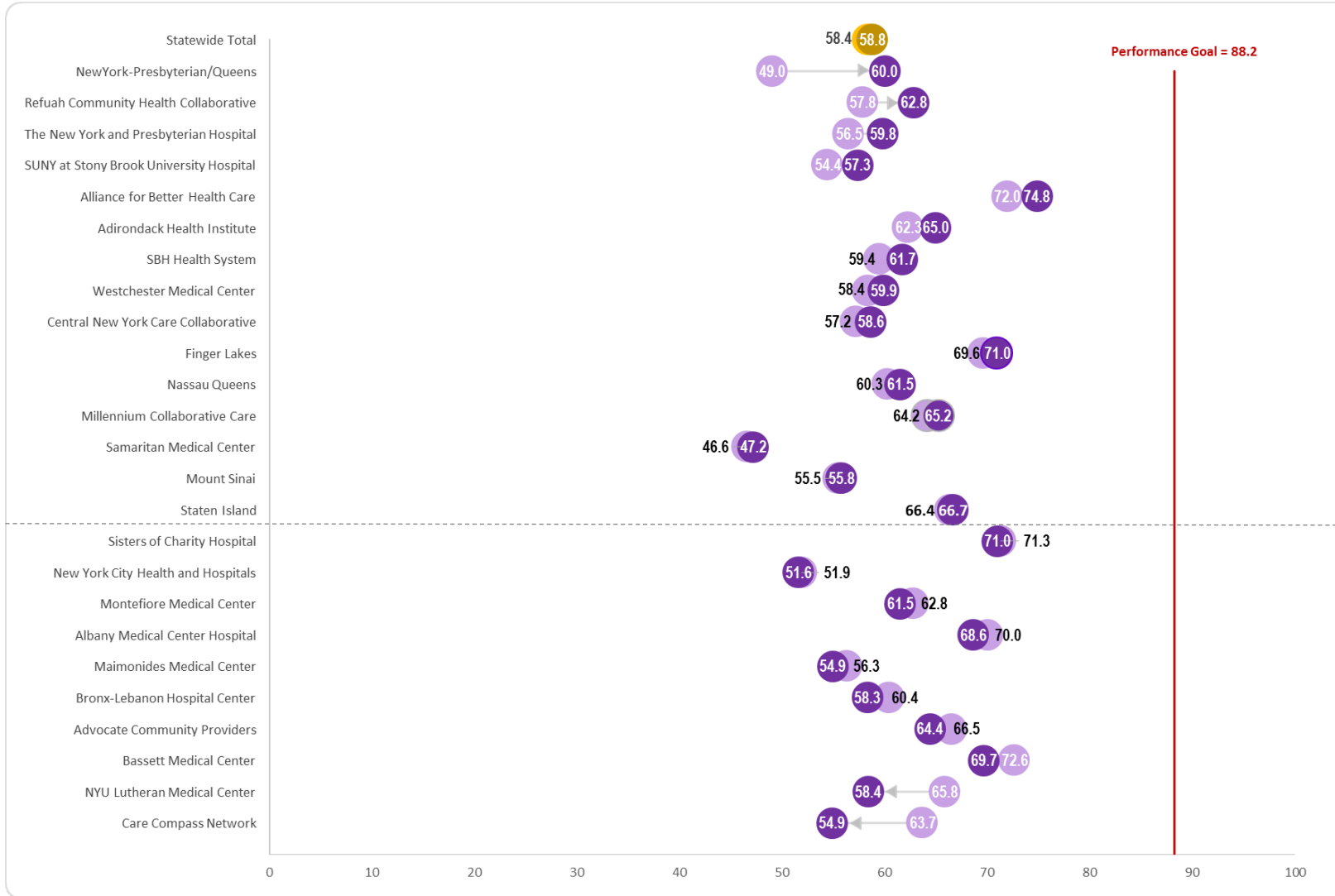


MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

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

Follow Up After Hospitalization for Mental Illness – within 30 Days

Percentage of discharges that had treatment with a mental health provider within 30 days of discharge in **MY0** and **MY1**



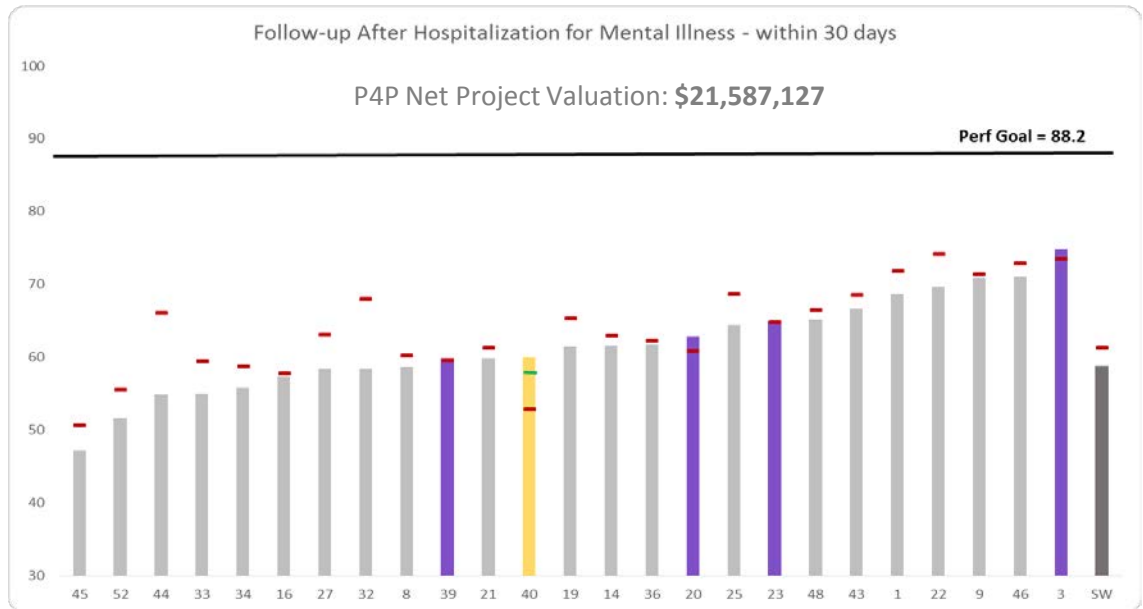
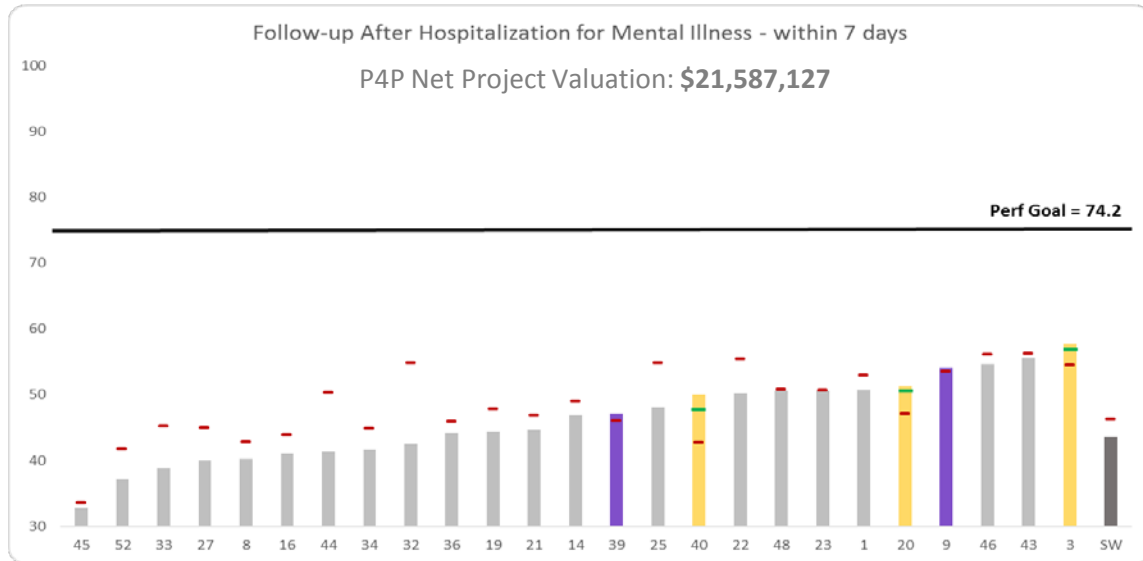
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PPS Result **MY0** **MY1**
 Statewide Total **MY0** **MY1**

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

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



PPS ID	Performing Provider System
45	Samaritan Medical Center
52	New York City Health and Hospitals
33	Maimonides Medical Center
27	Bronx-Lebanon Hospital Center
8	Central New York Care Collaborative
16	SUNY at Stony Brooke University Hospital
44	Care Compass Network
34	Mount Sinai
32	NYU Lutheran Medical Center
36	SBH Health System
19	Montefiore Medical Center
21	Westchester Medical Center
14	Nassau Queens
39	The New York and Presbyterian Hospital
25	Advocate Community Providers
40	New York-Presbyterian/Queens
22	Bassett Medical Center
48	Millennium Collaborative Care
23	Adirondack Health Institute
1	Albany Medical Center Hospital
20	Refuah Community Health Collaborative
9	Finger Lakes
46	Sisters of Charity Hospital
43	Staten Island
3	Alliance for Better Health Care
SW	Statewide Total*

LEGEND

- = MY1 Annual Improvement Target
- = MY1 High Performance Target
- = PPS met the MY1 Annual Improvement Target
- = PPS met the MY1 High Performance Target

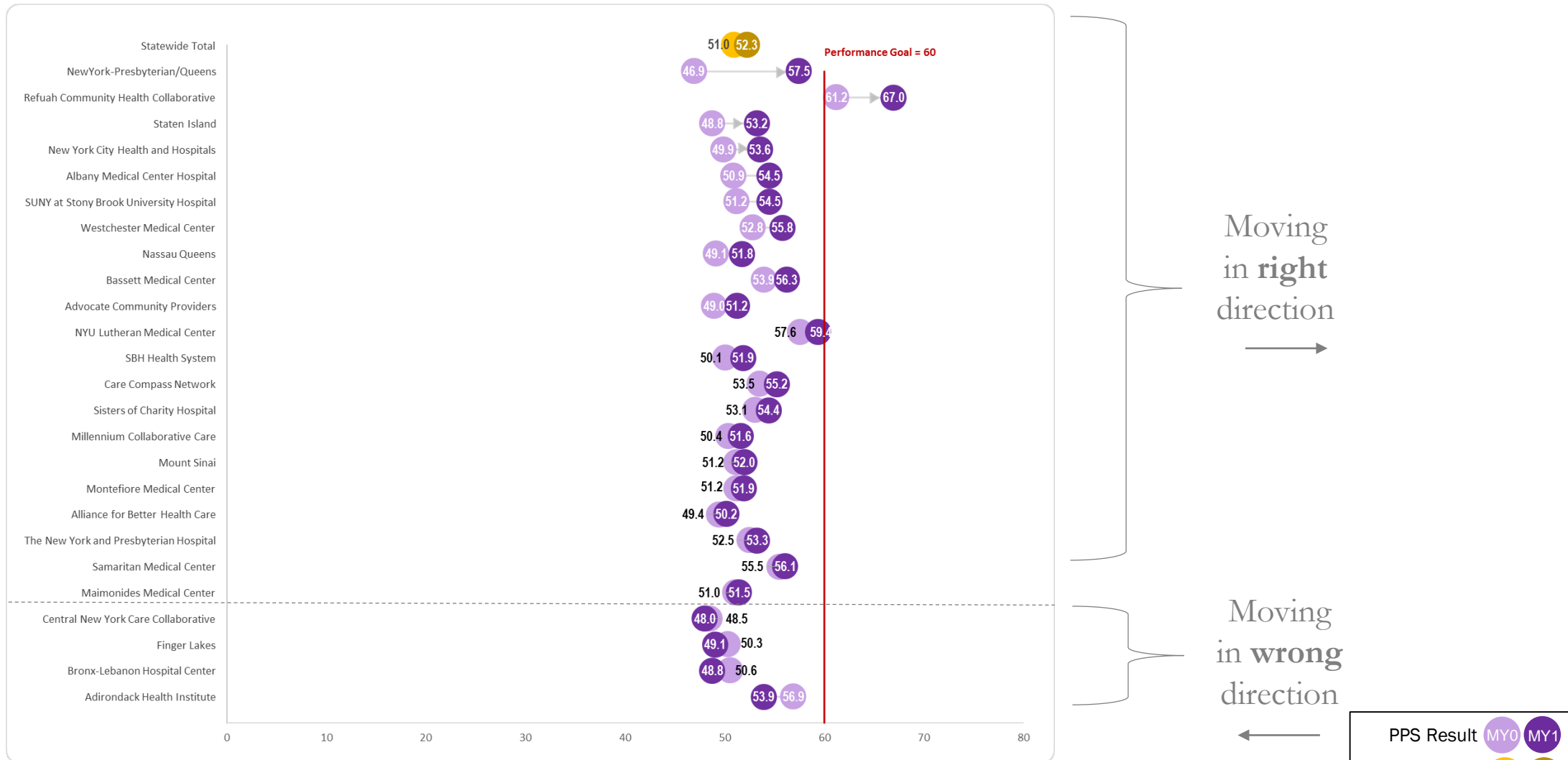
MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

* Statewide total includes all Medicaid members across the state, not just the attributed population.

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

Antidepressant Medication Management – Acute Phase Treatment

Percentage of people who remained on antidepressant medication during the entire 12-week treatment period in **MY0** and **MY1**



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

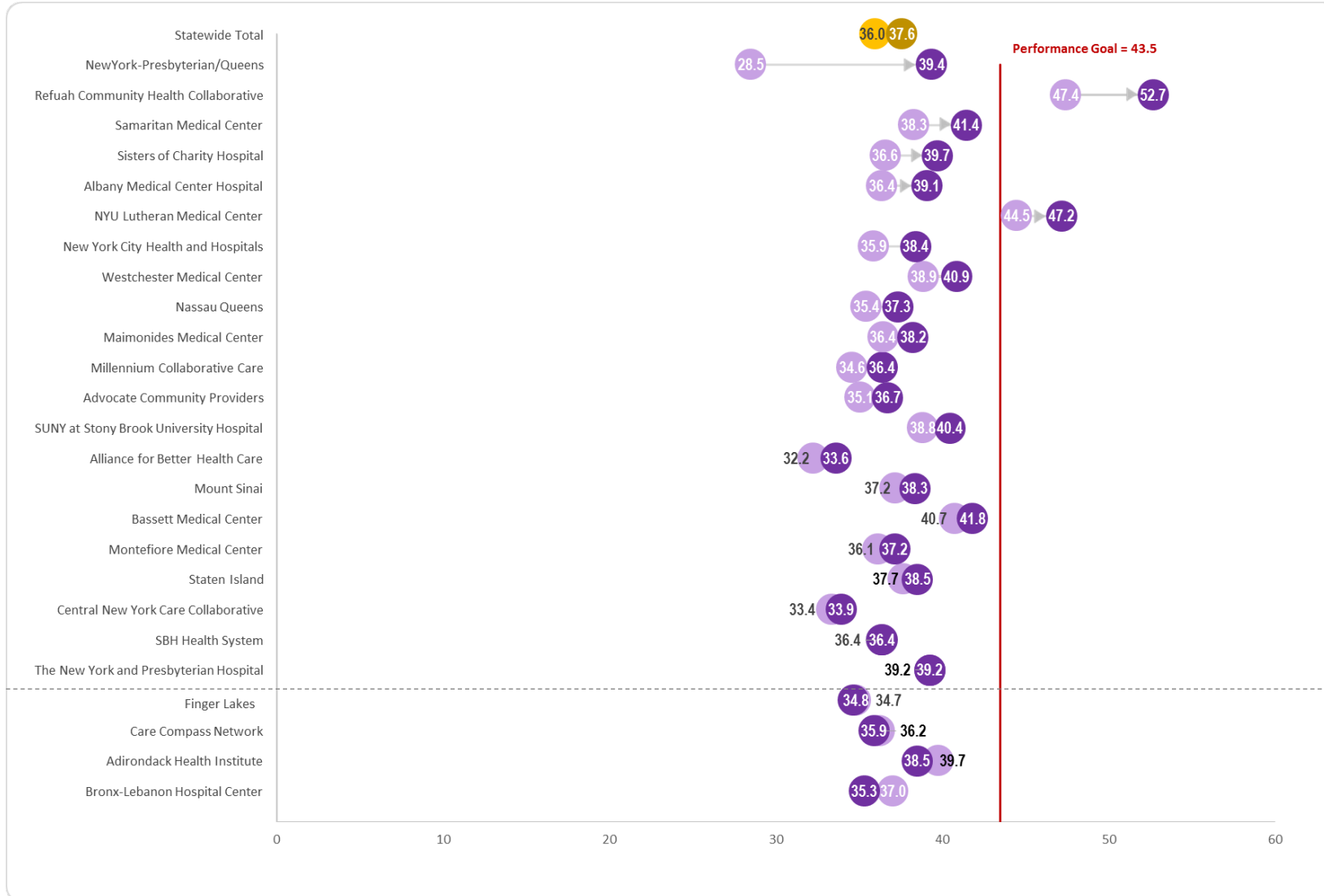
Data Source: Medicaid Analytics Performance Portal (MAPP) – official MY0 and MY1 Attribution for Performance results.

PPS Result ● MY0 ● MY1

Statewide Total ● MY0 ● MY1

Antidepressant Medication Management – Continuation Phase Treatment

Percentage of people who remained on antidepressant medication for at least six months in MY0 and MY1



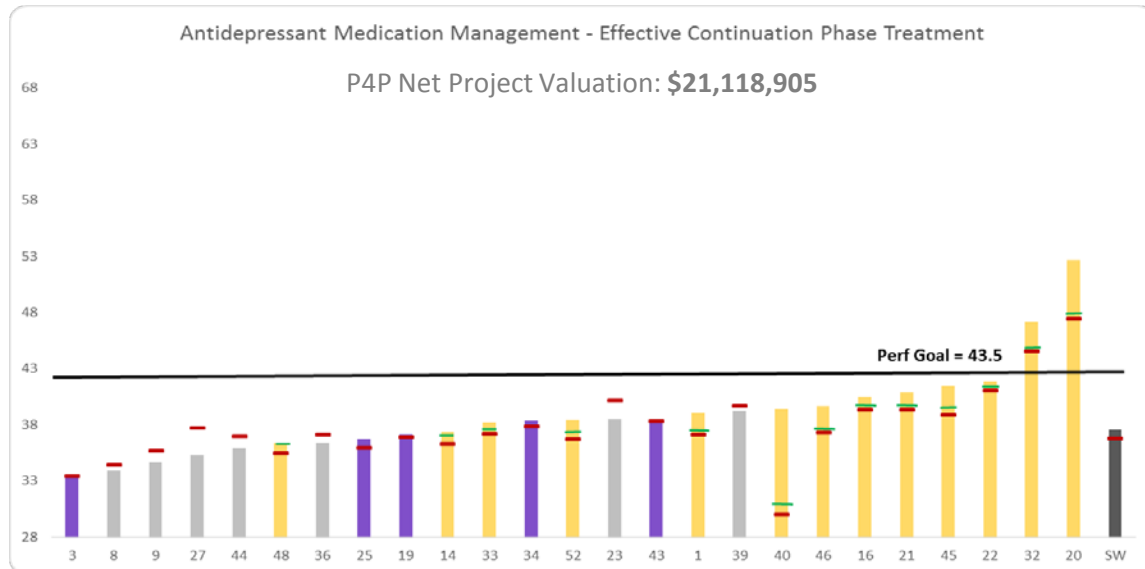
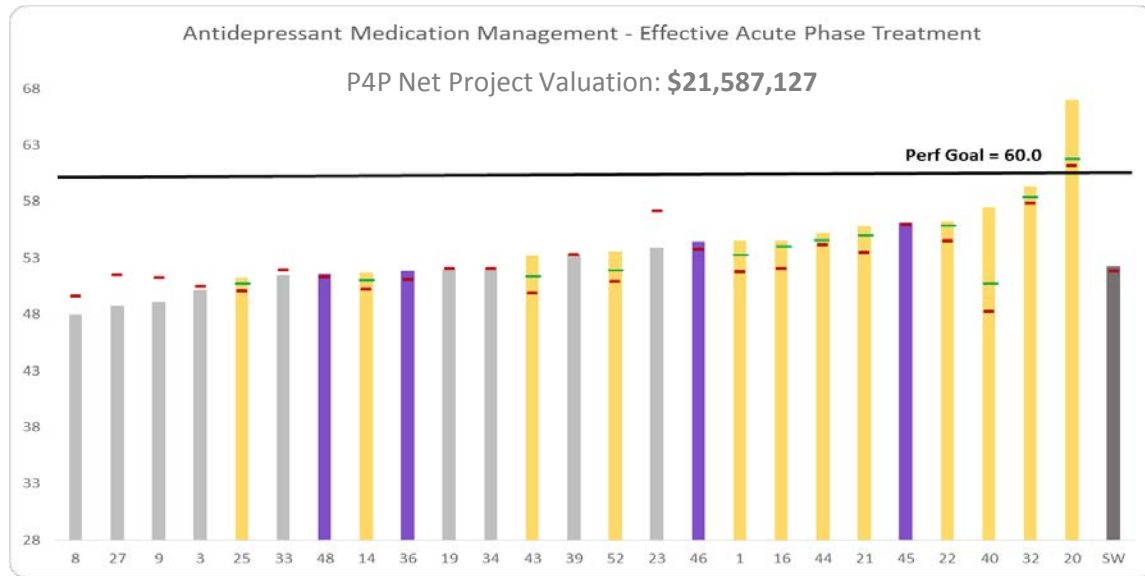
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→

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←

PPS Result MY0 MY1
Statewide Total MY0 MY1

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

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



PPS ID	Performing Provider System
8	Central New York Care Collaborative
27	Bronx-Lebanon Hospital Center
9	Finger Lakes
3	Alliance for Better Health Care
25	Advocate Community Providers
33	Maimonides Medical Center
48	Millennium Collaborative Care
14	Nassau Queens
36	SBH Health System
19	Montefiore Medical Center
34	Mount Sinai
43	Staten Island
39	The New York and Presbyterian Hospital
52	New York City Health and Hospitals
23	Adirondack Health Institute
46	Sisters of Charity Hospital
1	Albany Medical Center Hospital
16	SUNY at Stony Brook University Hospital
44	Care Compass Network
21	Westchester Medical Center
45	Samaritan Medical Center
22	Bassett Medical Center
40	New York-Presbyterian/Queens
32	NYU Lutheran Medical Center
20	Refuah Community Health Collaborative
SW	Statewide Total*

LEGEND

- = MY1 Annual Improvement Target
- = MY1 High Performance Target
- = PPS met the MY1 Annual Improvement Target
- = PPS met the MY1 High Performance Target

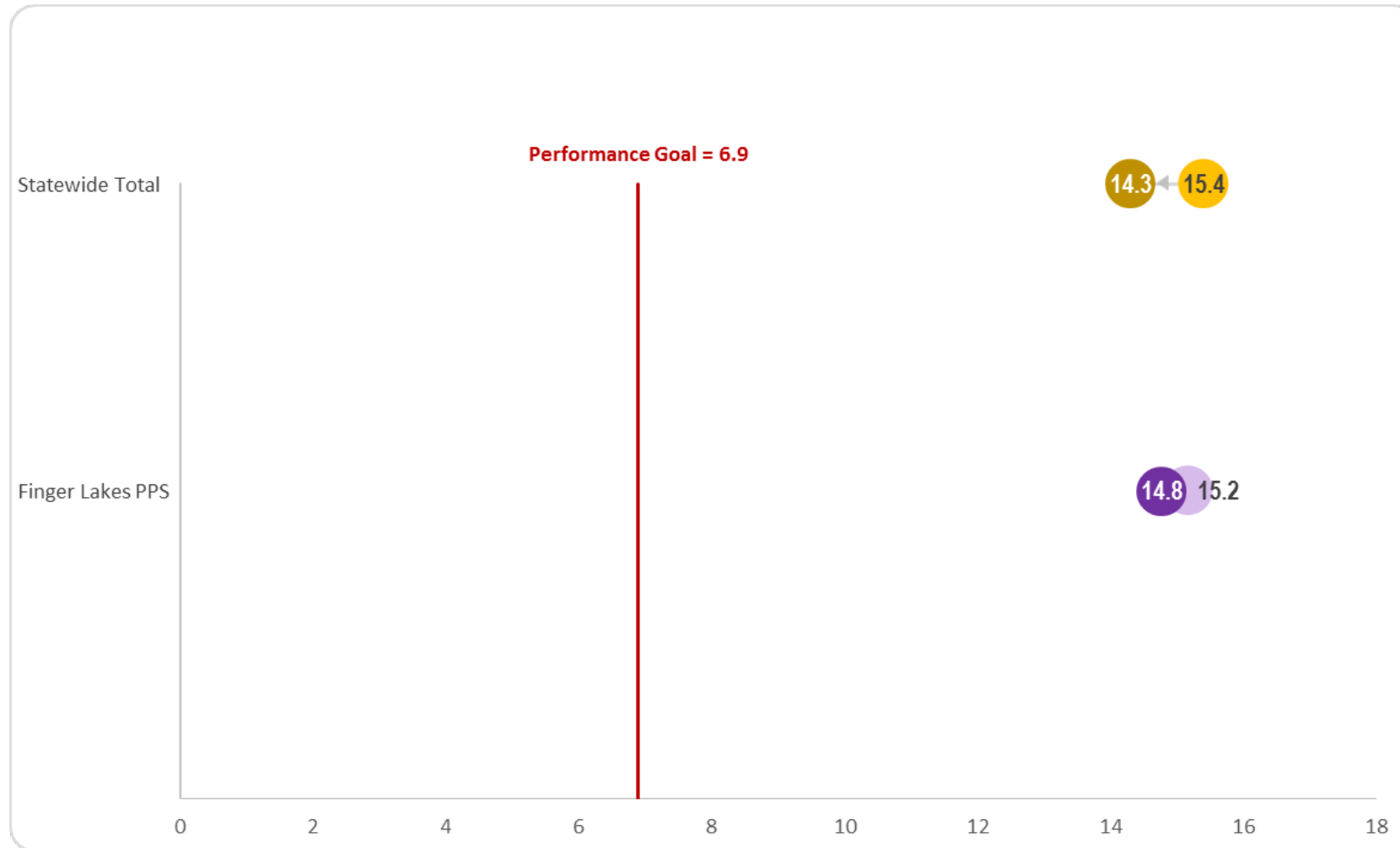
MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

* Statewide total includes all Medicaid members across the state, not just the attributed population.

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

Antipsychotic Use in Persons With Dementia \pm

Percentage of long stay residents with dementia who are persistently receiving an antipsychotic medication in MY0 and MY1

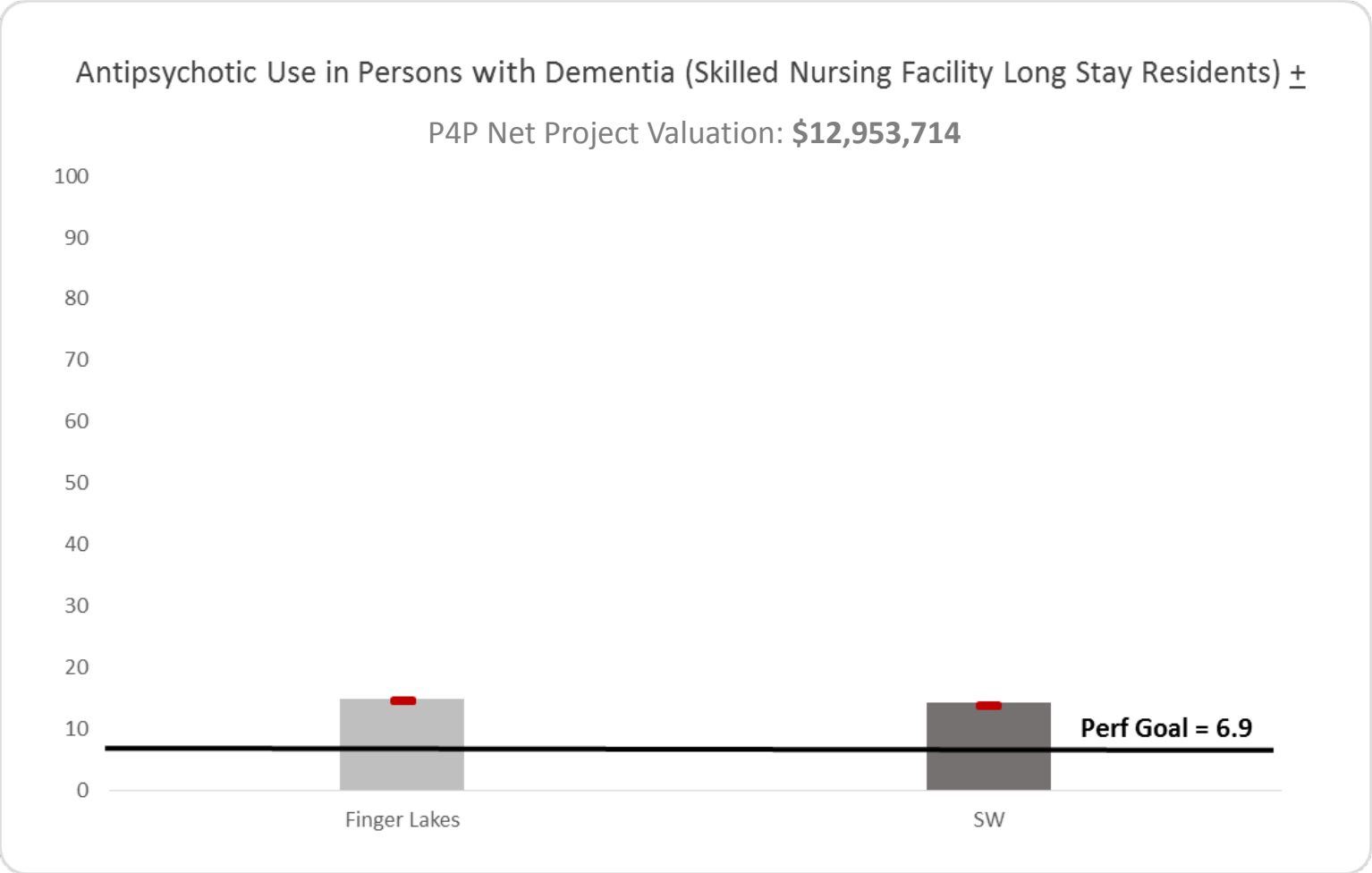


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PPS Result MY0 MY1
Statewide Total MY0 MY1

MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.
Data Source: Medicaid Analytics Performance Portal (MAPP) – official MY0 and MY1 Attribution for Performance results.

\pm A lower rate is desirable



LEGEND

- = MY1 Annual Improvement Target
- = PPS met the MY1 Annual Improvement Target

± A lower rate is desirable

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

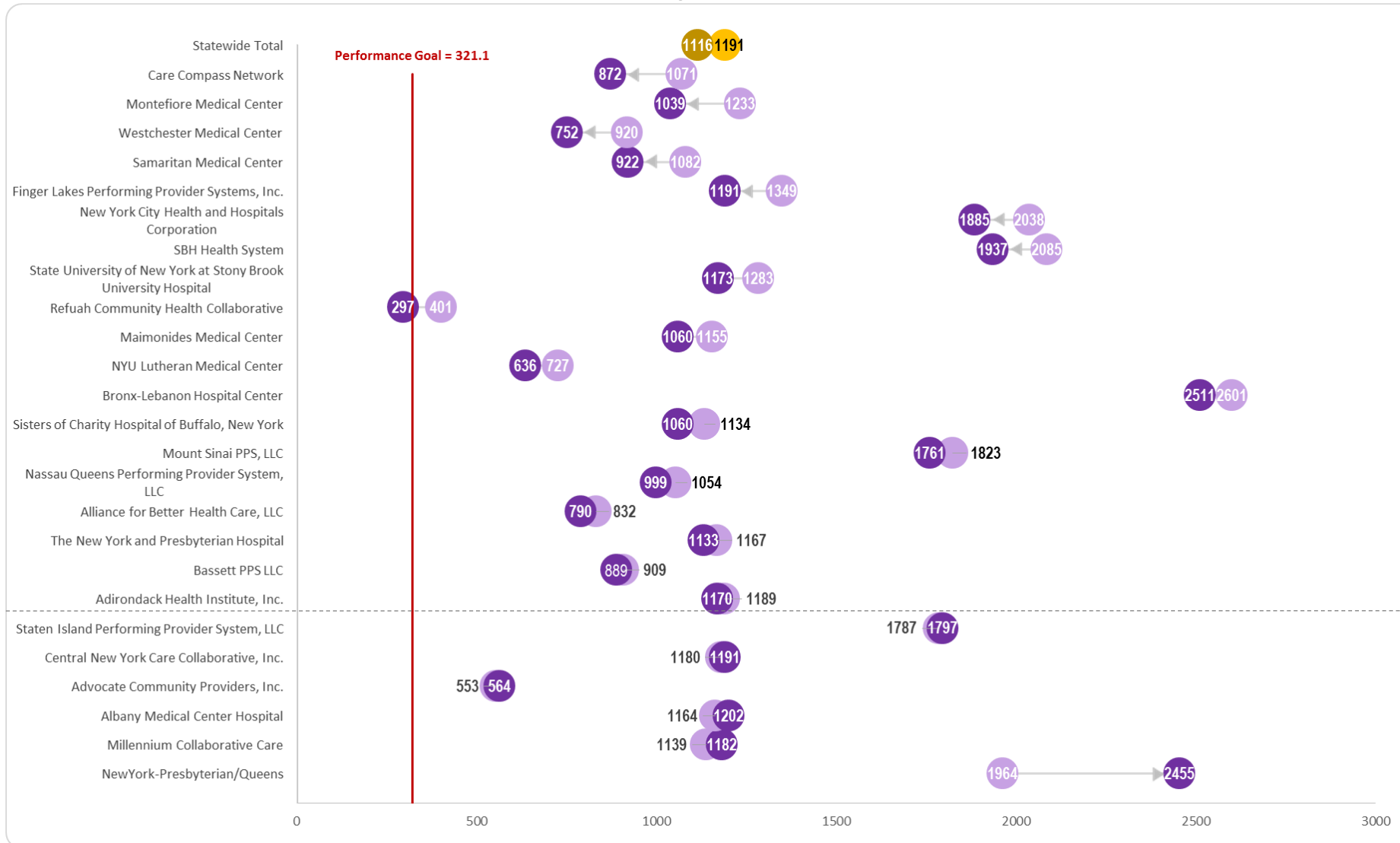
* Statewide total includes all Medicaid members across the state, not just the attributed population.

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

Prevention Quality Indicator 90 – Composite of All Measures ±

Rate of admissions for the adult prevention quality indicators in **MY0** and **MY1** (± a lower rate is desirable)

PPS Result **MY0** **MY1**
 Statewide Total **MY0** **MY1**



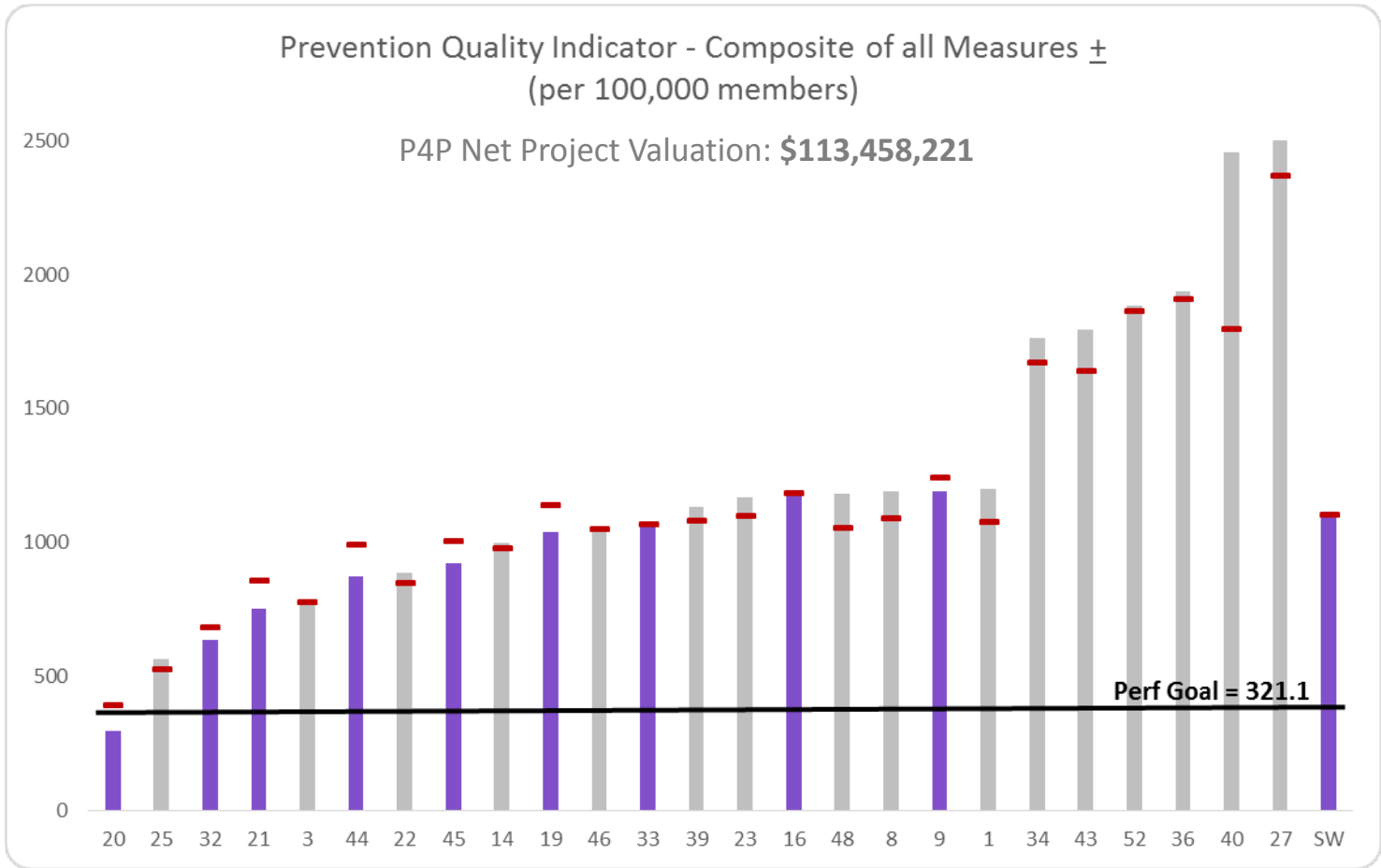
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MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

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

± A lower rate is desirable



PPS ID	Performing Provider System
20	Refuah Community Health Collaborative
25	Advocate Community Providers
32	NYU Lutheran Medical Center
21	Westchester Medical Center
3	Alliance for Better Health Care
44	Care Compass Network
22	Bassett Medical Center
45	Samaritan Medical Center
14	Nassau Queens
19	Montefiore Medical Center
46	Sisters of Charity Hospital
33	Maimonides Medical Center
39	The New York and Presbyterian Hospital
23	Adirondack Health Institute
16	SUNY at Stony Brooke University Hospital
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8	Central New York Care Collaborative
9	Finger Lakes
1	Albany Medical Center Hospital
34	Mount Sinai
43	Staten Island
52	New York City Health and Hospitals
36	SBH Health System
40	New York-Presbyterian/Queens
27	Bronx-Lebanon Hospital Center
SW	Statewide Total*

LEGEND

- = MY1 Annual Improvement Target
- = PPS met the MY1 Annual Improvement Target

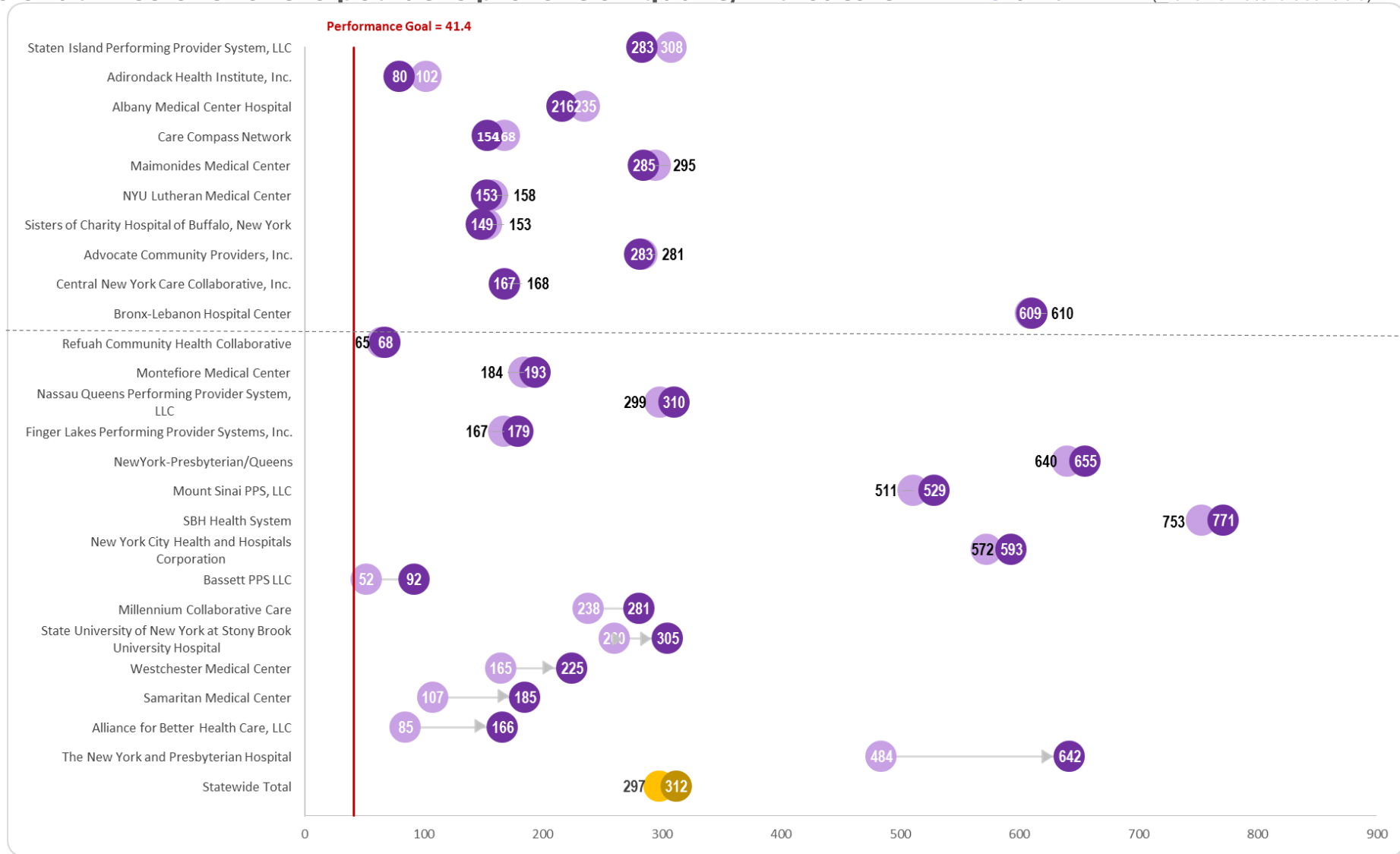
\pm A lower rate is desirable

MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.
 * Statewide total includes all Medicaid members across the state, not just the attributed population.
 Data Source: Medicaid Analytics Performance Portal (MAPP) – official MY0 and MY1 Attribution for Performance results.

Pediatric Quality Indicator 90– Composite of All Measures ±

Rate of admissions for the pediatric prevention quality indicators in MY0 and MY1 (+ a lower rate is desirable)

PPS Result ● MY0 ● MY1
 Statewide Total ● MY0 ● MY1



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→

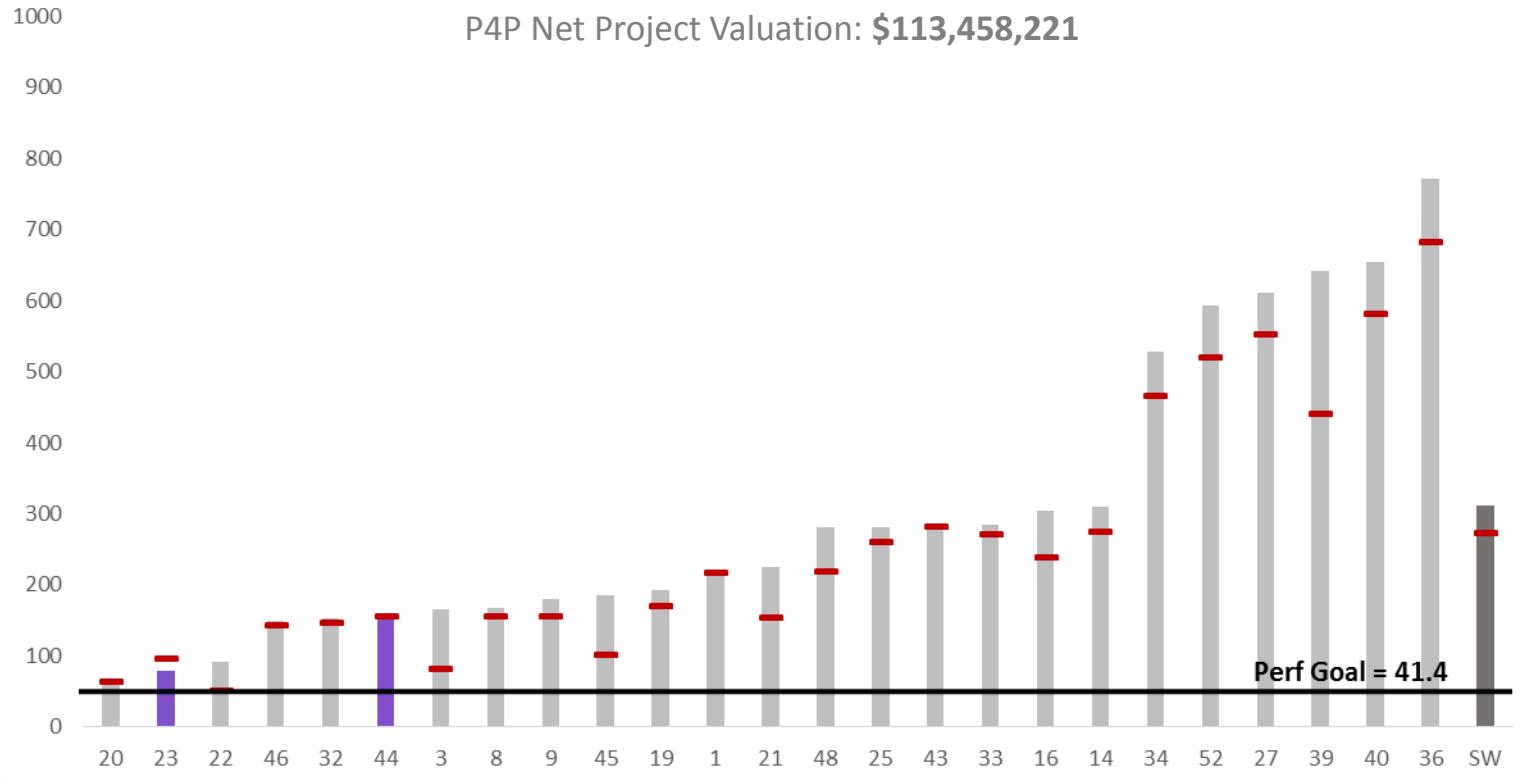
MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.

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

± A lower rate is desirable

Pediatric Quality Indicator - Composite of all Measures \pm
(rate per 100,000 members)

P4P Net Project Valuation: **\$113,458,221**



LEGEND

- █ = MY1 Annual Improvement Target
- █ = PPS met the MY1 Annual Improvement Target

\pm A lower rate is desirable

PPS ID	Performing Provider System
20	Refuah Community Health Collaborative
23	Adirondack Health Institute
22	Bassett Medical Center
46	Sisters of Charity Hospital
32	NYU Lutheran Medical Center
44	Care Compass Network
3	Alliance for Better Health Care
8	Central New York Care Collaborative
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27	Bronx-Lebanon Hospital Center
39	The New York and Presbyterian Hospital
40	New York-Presbyterian/Queens
36	SBH Health System
SW	Statewide Total*

MY1 results are helpful to understand how PPSs are trending from the baseline, but they are not necessarily indicative of future performance.
 * Statewide total includes all Medicaid members across the state, not just the attributed population.
 Data Source: Medicaid Analytics Performance Portal (MAPP) – official MY0 and MY1 Attribution for Performance results.

For questions please contact:

dsrip@health.ny.gov

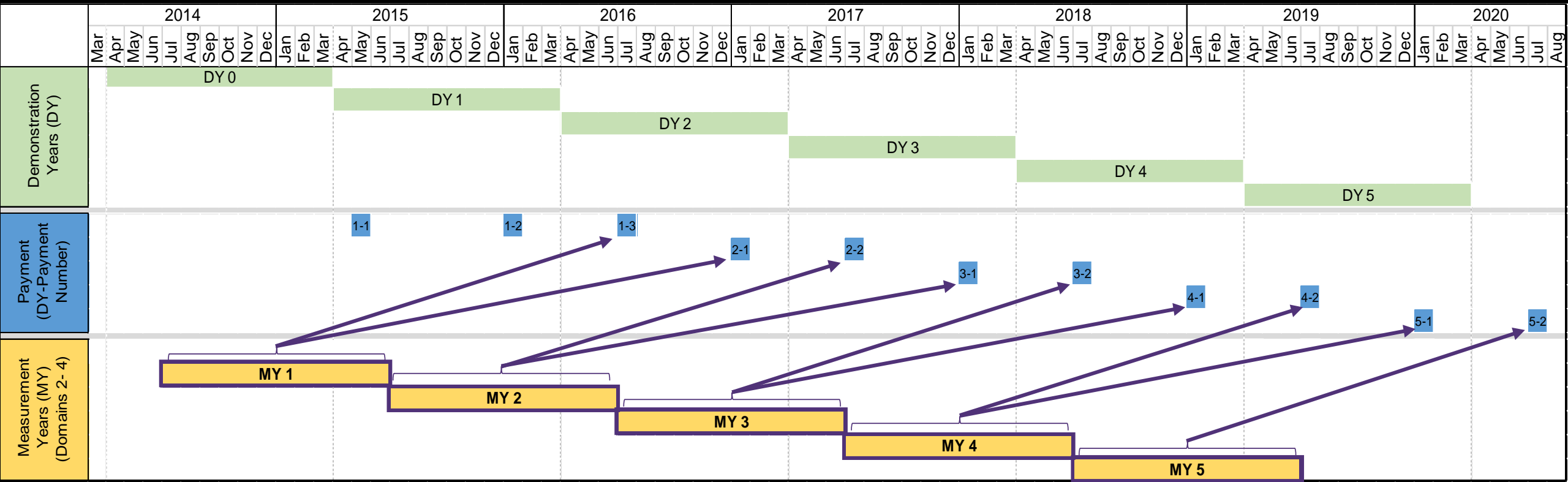
7. Appendices

- A. DSRIP basics
- B. DSRIP timeline
- C. DSRIP attribution for performance: MY0 vs. MY1
- D. MY1 results by PPS
- E. MY1 results by measure

Appendix A. DSRIP basics

- Delivery System Reform Incentive Payment (DSRIP) primary goal:
 - Reduce avoidable hospital and ED use by 25% over 5 years statewide.
- Quality improvement is assessed through Performing Provider System (PPS) performance results on quality measures established by the New York State Department of Health (NYSDOH).
- Performance is financially incentivized through two mechanisms:
 - Process/Reporting - Formative stage
 - Performance - Transformative stage
- DSRIP performance is measured in 12 month windows, from July 1 of the year prior to June 30 of the reporting year.
- These windows are referred to as Measurement Years (MY) and they signify the start and end of the performance data collection period.
- **No financial incentives for outcomes in MY1.**

Appendix B. DSRIP timeline

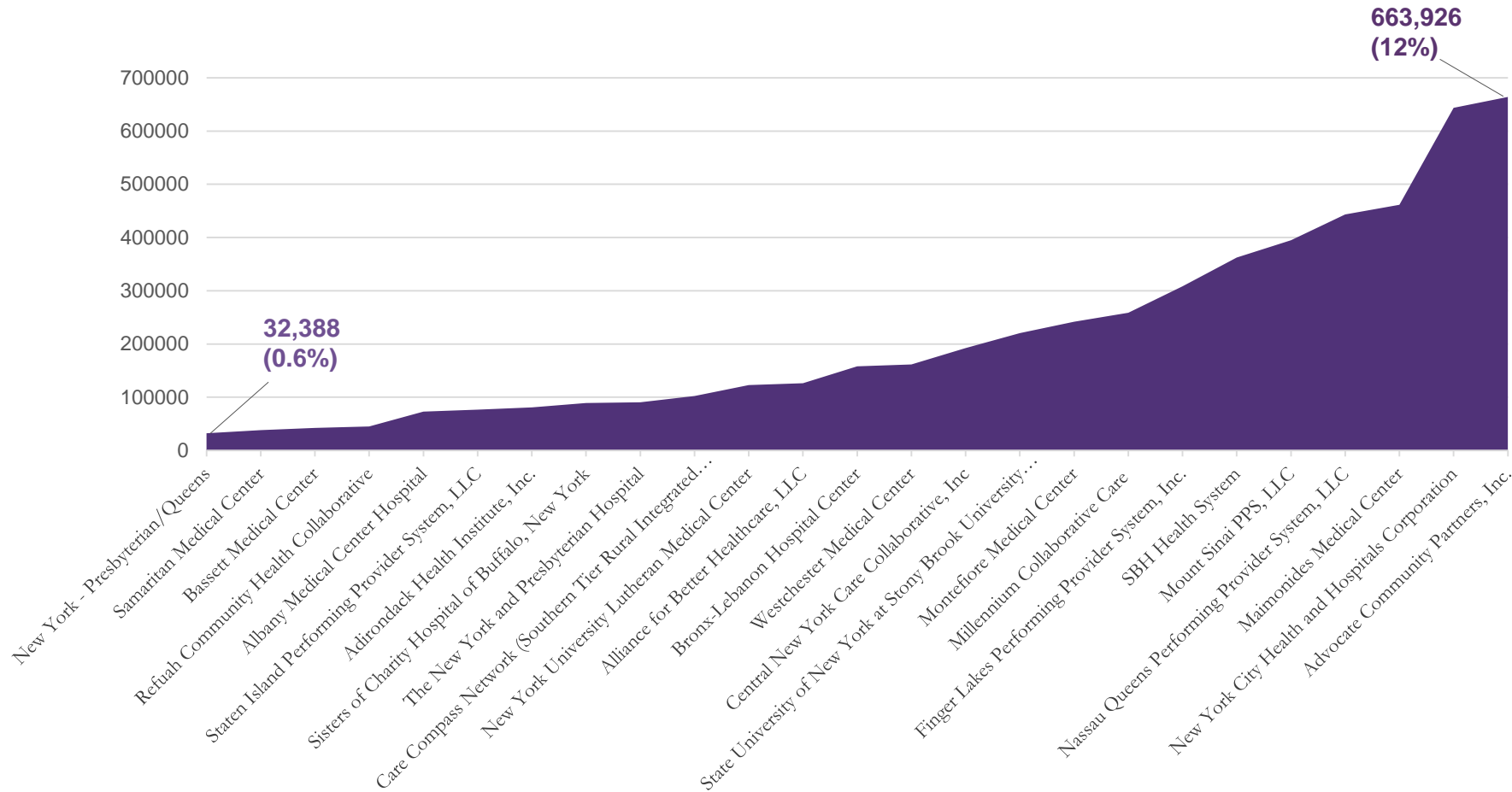


Appendix C. DSRIP attribution for performance: MY0 vs. MY1

1. Number of attributed members by PPS in MY1
2. Attributed population, MY0 and MY1
3. Attribution categories over time
4. Medicaid members attributed via Services
5. Medicaid members attributed via All Other swim lane
6. Attributed member movement, MY0 to MY1
7. Unattributed member movement, MY0 to MY1

1. Number of attributed members by PPS, MY1

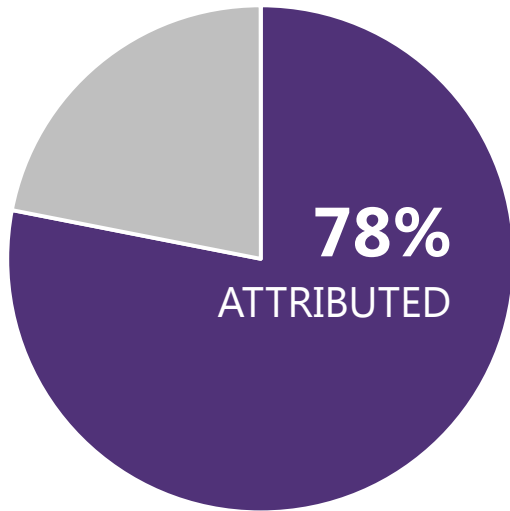
A total of **5.4 million** Medicaid members were attributed in MY1.



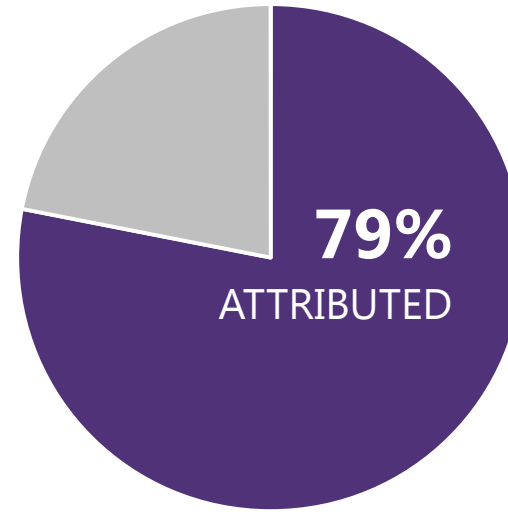
2. Attributed population

Number of members attributed increased over time, but proportion remains stable.

MY0 (July 2013 – June 2014)



MY1 (July 2014 – June 2015)

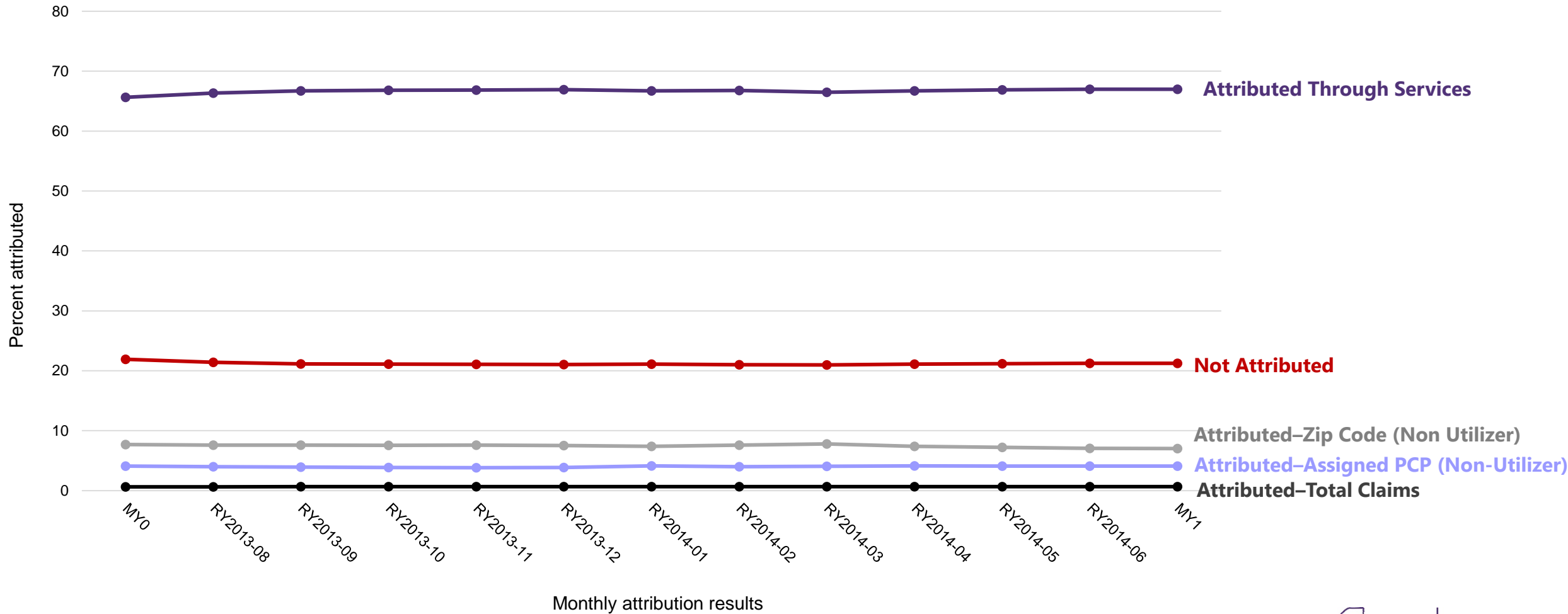


Attributed	5,061,025	78%
Not Attributed	1,420,390	22%
Total Medicaid Members	6,481,415	

Attributed	5,430,460	79%
Not Attributed	1,465,953	21%
Total Medicaid Members	6,896,413	

3. Attribution categories over time.

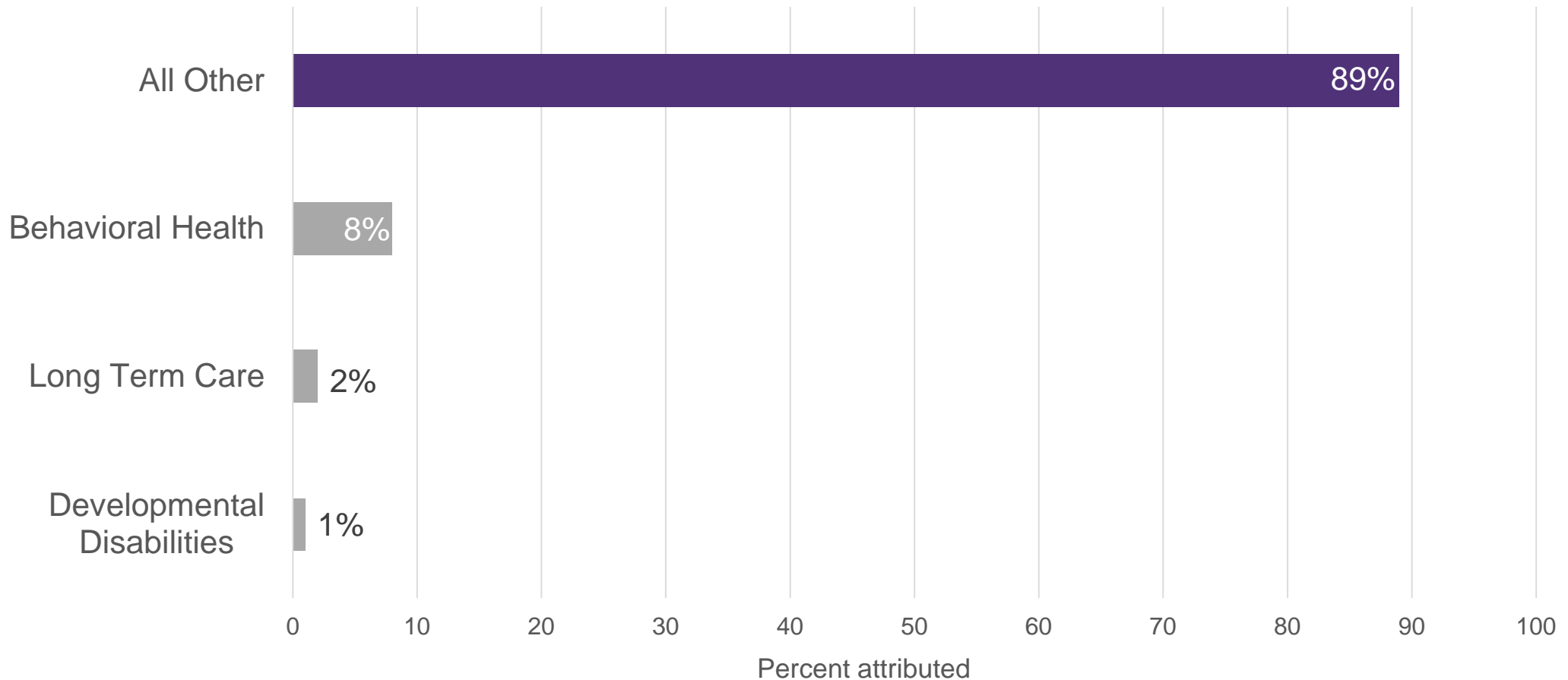
All categories remain stable from MY0 through MY1.



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

4. Medicaid members attributed via Services, MY1.

The majority of members are attributed via the “All Other*” swim lane.



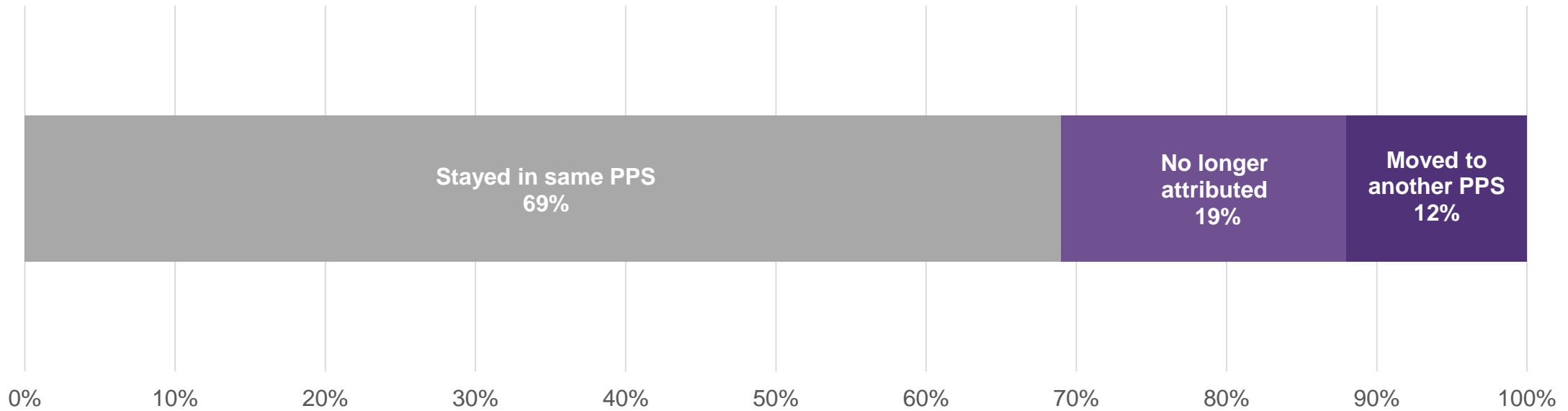
* All Other swim lane includes: Health Home, PCP, Other Primary Care Provider or Outpatient Clinic, Emergency Department, and Inpatient.
 Data Source: Medicaid Analytics Performance Portal (MAPPP) – official MY0 and MY1 Attribution for Performance results.

5. Medicaid members attributed via All Other swim lane, MY1

The majority of members are attributed via Level III (Other Primary Care Provider or Outpatient Clinic).

Level I: Health Home	272,021	7%
Level II: PCP	1,129,721	28%
Level III: Other Primary Care Provider or Outpatient Clinic	2,555,959	62%
Level IV: Emergency Department	114,441	3%
Level V: Inpatient	20,411	0.5%
“All Other” Attributed Members (MY1)	4,092,553	

6. Attributed member movement Status of Medicaid members in MY1 compared to MY0:



Stayed in same PPS	3,502,133	69%
No longer attributed	935,108	19%
Moved to another PPS	623,784	12%

Total Attributed Members (MY0) 5,061,025

7. Unattributed member movement.

Status of Medicaid members in MY1 that were unattributed in MY0:

74% remained unattributed
(n= 1,050,228)

26% were assigned to a PPS
(n = 370,162)



Appendix D. MY1 results by PPS

PPS Name	Total # of Domain 2&3 Performance	# of Domain 2&3 Performance Targets	Percent Met
	Targets	Met	
Refuah Community Health Collaborative	24	14 / 24	58%
New York-Presbyterian/Queens	30	17 / 30	57%
Westchester Medical Center	30	14 / 30	47%
Bassett Medical Center	29	12 / 29	41%
Samaritan Medical Center	26	10 / 26	38%
SUNY at Stony Brooke University Hospital	31	11 / 31	35%
Sisters of Charity Hospital	27	9 / 27	33%
Montefiore Medical Center	30	8 / 30	27%
Maimonides Medical Center	30	8 / 30	27%
Bronx-Lebanon Hospital Center	32	8 / 32	25%
Care Compass Network	25	6 / 25	24%
NYU Lutheran Medical Center	30	7 / 30	23%
New York City Health and Hospitals	30	7 / 30	23%
Nassau Queens	26	6 / 26	23%
Advocate Community Providers	31	7 / 31	23%
SBH Health System	31	7 / 31	23%
Alliance for Better Health Care	29	6 / 29	21%
Albany Medical Center Hospital	30	6 / 30	20%
Staten Island	25	5 / 25	20%
Millennium Collaborative Care	27	5 / 27	19%
Adirondack Health Institute	24	4 / 24	17%
Mount Sinai	26	4 / 26	15%
Finger Lakes	28	4 / 28	14%
The New York and Presbyterian Hospital	29	4 / 29	14%
Central New York Care Collaborative	25	3 / 25	12%

Appendix E. MY1 results by measure (1)

Measure Name	# of PPSs that achieved measure	# of PPSs that attempted measure	% Targets Met
Follow-up care for Children Prescribed ADHD Medications - Continuation Phase*	20	25	80%
HP Antidepressant Medication Management - Effective Continuation Phase Treatment	18	25	72%
HP Antidepressant Medication Management - Effective Acute Phase Treatment	16	25	64%
Prevention Quality Indicator # 1 (DM Short term complication) +/-	6	10	60%
Prevention Quality Indicator # 15 Younger Adult Asthma +/-	7	13	54%
Prevention Quality Indicator # 7 (HTN) +/-	8	15	53%
Follow-up care for Children Prescribed ADHD Medications - Initiation Phase	13	25	52%
Children's Access to Primary Care - 12 to 19 years	9	25	36%
PQI 90 – Composite of All Measures ±	9	25	36%
HP Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia*	9	25	36%
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	9	25	36%
Adult Access to Preventive or Ambulatory Care - 65 and older*	8	25	32%
Medication Management for People with Asthma (5 - 64 Years) - 50% of Treatment Days Covered	4	13	31%
Medication Management for People with Asthma (5 - 64 Years) - 75% of Treatment Days Covered	4	13	31%
HP Diabetes Monitoring for People with Diabetes and Schizophrenia*	7	25	28%
Children's Access to Primary Care - 7 to 11 years	6	25	24%
Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)	6	25	24%
HP Potentially Preventable Readmissions ±	5	25	20%

Appendix E. MY1 results by measure (2)

Measure Name	# of PPSs that achieved measure	# of PPSs that attempted measure	% Targets Met
Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	5	25	20%
HP Follow-up After Hospitalization for Mental Illness - within 30 days	5	25	20%
HP Follow-up After Hospitalization for Mental Illness - within 7 days	5	25	20%
Children's Access to Primary Care - 25 months to 6 years	3	25	12%
PDI 90 – Composite of All Measures ±	2	25	8%
Adherence to Antipsychotic Medications for People with Schizophrenia	2	25	8%
HP Potentially Preventable Emergency Department Visits (for persons with BH diagnosis) +/-	2	25	8%
Asthma Medication Ratio (5 - 64 Years)	1	13	8%
Pediatric Quality Indicator # 14 Pediatric Asthma +/-	1	13	8%
Children's Access to Primary Care - 12 to 24 Months	1	25	4%
HP Potentially Preventable Emergency Room Visits ±	1	25	4%
Adult Access to Preventive or Ambulatory Care - 20 to 44 years	0	25	0%
Adult Access to Preventive or Ambulatory Care - 45 to 64 years	0	25	0%
Prevention Quality Indicator # 9 Low Birth Weight +/-	0	4	0%
Well Care Visits in the first 15 months (5 or more Visits)	0	4	0%
Cervical Cancer Screening	0	1	0%
Chlamydia Screening (16 - 24 Years)	0	1	0%
HIV/AIDS Comprehensive Care - Engaged in Care	0	1	0%
HIV/AIDS Comprehensive Care - Syphilis Screening	0	1	0%
HIV/AIDS Comprehensive Care - Viral Load Monitoring	0	1	0%
HP Antipsychotic Use in Persons with Dementia +/-	0	1	0%
Percent of Long Stay Residents who have Depressive Symptoms +/-	0	1	0%

HP: High Performance measure

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

Thank you

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