

Model Performance Metrics: This tab includes metrics intended to capture data on quality, cost, utilization and population health. Awardees are required to report metrics that track quality, cost, utilization and population health to the CMMI SIM Program on a quarterly and/or annual basis. The CMMI SIM program has provided a set of recommended metrics listed under the model performance metrics tab. Awardees are free to select alternative metrics that better reflect the goals of their SIM proposal as long as the alternative metrics address the four areas of cost, utilization, quality and population health. Alternative metrics must be discussed with and approved by an awardee’s Project Officer. Furthermore, Awardees may develop or select additional performance metrics to track activities specific to their SIM initiative which are not captured in the recommended model performance metrics suggested by the CMMI SIM Program. Awardees are expected to provide baseline values and target goals in their Operational Plan. The Awardee should plan to discuss these areas further with Project Officers and engage Technical Assistance as needed.

Metric Area	Metric Title	Metric Definition/Description	Numerator Definition	Denominator Definition	NQF#	Notes	Reporting Frequency	Alignment to Other CMS Programs	Suggested By	Delaware notes
Model Performance_Utilization	Ambulatory Care: Emergency Department Visits (HEDIS)	This measure summarizes utilization of ambulatory care by calculating the number of ED visits per measurement year.	See: http://www.qualitymeasures.ahrq.gov/content.aspx?id=47270&search=Emergency+medical+services	See: http://www.qualitymeasures.ahrq.gov/content.aspx?id=47270&search=Emergency+medical+services		This is part of a combined measure. Additional information: http://www.qualitymeasures.ahrq.gov/content.aspx?id=47270	Annual		CMMI SIM Program	
Model Performance_Utilization	Plan All-Cause Readmissions	This measure summarizes acute readmissions for patients 18 years of age and older. Data are reported in the following categories: 1. Count of Index Hospital Stays (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission	At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.	For commercial health plans, ages 18-64 as of the Index Discharge Date. For Medicare and Special Needs Plans, ages 18 and older as of the Index Discharge Date.	1768		Annual	Health Home Measure Set, 2015 Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid	CMMI SIM Program	
Model Performance_Cost	Cost of care: total cost of care population-based per member per month (PMPM) index	This measure is used to assess the total cost of care population-based per member per month (PMPM) index. Total Cost Index (TCI) is a measure of a primary care provider's risk adjusted cost effectiveness at managing the population they care for. The Total Cost of Care (TCOC) includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.	See http://www.qualitymeasures.ahrq.gov/content.aspx?id=38363&search=tcoc	See http://www.qualitymeasures.ahrq.gov/content.aspx?id=38363&search=tcoc	1604		Annual		CMMI SIM Program	At this stage, each payer contributing data is using their own methodology for total cost of care. We do not yet have the methodology from each payer.

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Model Performance_Quality	Clinician and Group Consumer Assessment of Health Care Providers and Systems Survey (CG-CAHPS)	The CG-CAHPS is a national, standardized, publicly reported survey of patients' perspectives of the care they receive from outpatient providers. This measure captures patient ratings of their health care providers across a number of areas. A commonly reported summary measure is the percentage of survey respondents rating their provider a 9 or 10 on a scale of 0 to 10 (10 being best)	See: https://cahps.ahrq.gov/surveys-guidance/cg/index.html	See https://cahps.ahrq.gov/surveys-guidance/cg/index.html	0166		Annual	PQRS, MSSP	Delaware	We propose using the Clinician and Group Consumer Assessment of Health Care Providers and Systems Survey (CG-CAHPS) as opposed to Hospital Consumer Assessment of Health Care Providers and Systems Survey (HCAHPS) as CG-CAHPS better aligns with Delaware priorities and potential patient experience survey approaches currently under discussion by DCHI.
Model Performance_Population Health	Colorectal cancer screening	The percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer	Patients who received one or more screenings for colorectal cancer. Any of the following meet the criteria: FOBT annually, Flexible sigmoidoscopy every 5 years, colonoscopy every 10 years	Patients 51-75 years of age as of December 31 of the measurement year.	0034		Annual	eCQM, MSSP	Delaware	We propose this measure because it is a preventive measure more easily captured by claims data that applies to a broad segment of the population. Delaware currently does not include Medicare data so reporting will only be available from age 51-64 years of age.
Model Performance_Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool <u>AND</u> if positive, a follow-up plan is documented on the date of the positive screen.	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool <u>AND</u> if positive, a follow-up plan is documented on the date of the positive screen	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.	0418		Annual	2014 eQMs for 2016 reporting, 2015 Core Set of Adult Health Care Quality Measures for Medicaid	CMMI SIM Program	This is new to most primary care providers in Delaware; this metric also requires additional clinical codes (G-codes) to be added to the claims for the payers to capture the information needed to calculate the measure. Medicare data is not yet included in the Common Scorecard so this measure can only be reported through age 65 years

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Model Performance_Population Health	Childhood immunization status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Children who have evidence showing they received recommended vaccines (4 DtaP, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 or 3 RV, and 2 flu vaccines), had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday.	Children who turn 2 years of age during the measurement year.	0038		Annual	eCQM, core set of child measures for Medicaid	Delaware	In DE, this measure is captured by claims and the majority of immunizations can be captured with the exception of historical immunizations out of the State or under a different payer. Further, a more stringent criteria for compliance (all vaccines) is in line with ACIP and CDC guidelines for the immunization of children.
Model Performance_Population Health	Medical Attention for nephropathy in diabetes	The percentage of patients 18 - 75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening test or evidence of nephropathy during the measurement year	The number of patients in the denominator who had one of the following: nephrology screening test or evidence of nephropathy	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.	0062		Annual	eCQM	Delaware	Diabetes is an important chronic health condition and Delaware is interested in ensuring appropriate utilization and quality care in this population. Diabetic nephropathy screening is more easily captured by claims than other diabetic measures such as HbA1c control, or LDL or blood pressure control in diabetics patients. This metric will only be available for patients ages 18-64 years as we do not have Medicare claims data. We have not yet received data on this measure so do not have a baseline for the State