



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

October 26, 2018

RE: Pay for Performance Baseline Metrics

Dear Liz,

On behalf of Washington State Health Care Authority (HCA), I am pleased to present North Sound Accountable Community of Health the region's pay for performance (P4P) metric results for the first baseline measurement period and improvement targets associated with the first performance year. These metric results set the goals for improvements for 2019.

By selecting projects from the Project Toolkit, the ACH region is accountable for demonstrating regional improvement in outcomes over the course of Medicaid Transformation. The measures of health and social outcomes associated with the ACH's Project Plan, known as P4P metrics, determine the proportion of earned Project Incentives year over year.

This report contains North Sound Accountable Community of Health's P4P metric baseline results based on data from 2017 (01/01/2017 – 12/31/2017, and the resulting P4P metric improvement targets that set the performance expectation for DY 3 (01/01/2019 – 12/31/2019). The report contains Category 1 data, to be used to communicate with your partnering providers, other partners and stakeholders. Additional materials are included to assist with communicating these results with your partners and stakeholders. Please use them at your discretion.

In order to allow time for ACHs to review and share their results locally, HCA will wait until November 5 to conduct a more comprehensive public rollout of ACH P4P baseline results, including the release of the expanded Healthier Washington Dashboard.

We will use time on a Transformation Alignment Call (TAC) in November to answer questions about the baseline report. In the meantime, if you have any questions about this report or related materials, please send to the Medicaid Transformation inbox (medicaidtransformation@hca.wa.gov).

Sincerely,

A handwritten signature in cursive script that reads "Mich'l Needham".

Mich'l Needham
Chief Policy Officer
Health Care Authority

Executive Summary: ACH Baseline Report

<i>Baseline measurement year</i>	DY 1 (01/01/2017 – 12/31/2017)
<i>Associated performance year</i>	DY 3 (01/01/2019 – 12/31/2019)

What is the purpose of the ACH Baseline Report?

This report is specific to each ACH’s approved portfolio of transformation projects. The ACH Baseline Report contains baseline results for the pay for performance (P4P) metrics connected with performance in demonstration year (DY) 3. Improvement targets are determined based on prior ACH performance on the metric. Based on the ACH’s baseline results, the report includes the ACH-specific improvement targets that the ACH is accountable for in DY 3, or 2019.

How did the state arrive at these results and targets?

Data required for ACH project P4P is collected and results are calculated by the state for each ACH region. ACHs are accountable for all the Medicaid beneficiaries that reside in their region that meet the criteria of the P4P metrics (e.g., age, Medicaid coverage criteria) and regional attribution criteria. The calculation of P4P metrics is not limited to the Medicaid beneficiaries treated by partnering providers, nor is it limited to the scope of project activities ACHs implement within selected project areas. For more information about how P4P metrics are calculated, refer to the [Measurement Guide](#).¹

What is the significance of the ACH Baseline Report?

The ACH Baseline Report notifies the ACH of the targets for regional improvement in health outcomes among Medicaid beneficiaries for the upcoming performance period (DY 3). Essentially, this report outlines the magnitude of regional progress that the ACH will need to demonstrate to earn full credit for achievement for DY 3. The report is tailored to the P4P metrics associated with the ACH’s approved portfolio of projects, and specific to the P4P metrics that are active for DY 3 performance. ACHs are only responsible for the metrics connected to the projects selected in the approved Project Plans.

Baseline results and improvement targets produced by the state on behalf of ACH regions are the “source of truth”.² HCA acknowledges that other concurrent measurement efforts (e.g., data dashboards) may contain results for the same or similar metrics. However, the state defined a measurement methodology and metric specifications expressly to meet the parameters of the DSRIP program.

What happens next?

Communication of ACH Baseline Report with partners. ACHs may use this report as a communication tool with engaged partners and stakeholders. The ACH Baseline Report is a Category 1 data product, and appropriate for public dissemination.

Healthier Washington Measures Report. By mid-November, ACHs will receive a detailed measures report that includes full P4P metric information (e.g., numerator, denominator, county results), and includes

¹ <https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf>

² For more information on how the state produces the results and improvement targets, please see the Measurement Guide: <https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf>

results for all ACH regions, as well as additional metrics. The detailed measures report is provided under the ACH's data sharing agreement with HCA, and will contain Category 2 data.

Healthier Washington Dashboard. The Healthier Washington Dashboard is a publicly available data resource that allows users to explore data on populations, health indicators and HEDIS measures for Washington State. To support DSRIP project activities, the state invested in enhanced dashboard functionality, and will include all DSRIP ACH Project P4P metric results. The expanded HW Dashboard is scheduled for public release early November 2018.

Public posting of ACH Improvement targets for DY 3. To promote transparency and support communication among stakeholders and partners, HCA will publish a summary table that displays all ACH improvement targets by P4P metric for the DY 3 performance year. The summary table will be posted publicly on the Medicaid Transformation Resources webpage by mid-November 2018.

Assessment of regional ACH performance for DY 3 (2019). The measurement year for DY 3 performance is 01/01/2019 -12/01/2019. After allowing a 6-month period for the data to mature, the state will calculate DY 3 performance in the fall of 2020. The resulting ACH-level improvement and achievement are converted into achievement values (AVs) that determine what share of potential total Project Incentives were earned by each project.

Questions?

Please send questions to the Medicaid Transformation inbox (medicaidtransformation@hca.wa.gov).

Frequently Asked Questions

- *What do baseline and improvement targets represent?*
 - ACH baseline results represent historical ACH performance.
 - Improvement targets are set using prior ACH performance, and are specific to the region. Once baseline results are calculated, improvement targets can be defined for the upcoming performance year. This process repeats for each performance cycle, and is defined in more detail in the [DSRIP Measurement Guide](#).
 - For each metric, the ACH will receive full or partial achievement value, based on the amount of progress toward (or achievement of) the improvement target. The AVs are used to determine earned incentive payments based on performance.
- *Why do P4P metric improvement targets matter?*
 - ACHs are rewarded for demonstrating progress towards pre-established performance targets for key health indicators, as defined by the Project Toolkit and DSRIP Measurement Guide.
 - It is by demonstrating progress that the ACH can earn Project Incentives associated with performance.
- *I don't see all 31 P4P metrics in the ACH Baseline Report. Where did they go?*
 - The ACH Baseline Report is specific to the metrics affiliated with the selected projects in the individual ACH Project Plan.
 - Note that P4P metrics phase in over time to allow for ACH project implementation to take place. Therefore, not all P4P metrics are “active” for the DY 3 performance year. The metrics appendix in the [Project Toolkit](#) defines the performance years for which each metric is active.³
- *How were these metrics calculated?*
 - The state is responsible for calculating ACH-specific performance goals for each P4P metric, known as an improvement target.
 - Improvement targets are reset for each performance year, according to the ACH's performance in the reference baseline year.
 - Improvement targets are established for each metric based on one of two methods: gap to goal (GTG), or improvement over self (IOS).
 - Resources for more information:
 - *Measurement Guide (Chapter 7: ACH Project Incentives – Pay for performance; Appendix H: ACH Project P4P improvement target and AV methodology; Appendix C: DSRIP measurement and payment timing).*
- *How will performance in 2019 be compared to these baseline results?*
 - Within each performance cycle, a point value, or achievement value (AV), is calculated for each ACH for each metric. AVs drive payments from ACH Project Incentives. In the context of P4P, the maximum value of an AV is one (1.0), in the instance in which an ACH meets or exceeds the designated improvement target. The amount of ACH Project Incentive P4P funding paid to an ACH will be based on the amount of progress made toward achieving its improvement target on each P4P metric.

³ <https://www.hca.wa.gov/assets/program/project-toolkit-approved.pdf>

- *How do these improvement target values relate to the achievement values? Do improvement targets factor into how the region earns incentives?*
 - For P4P metrics, an ACH may earn AVs at various magnitudes based on meeting a minimum threshold of 25 percent of its improvement target in the performance year. If this performance threshold is not achieved, an ACH will forfeit the ACH Project Incentive P4P payment associated with that metric. Project P4P incentives that are left unearned during the performance period can then be earned through the ACH High Performance Incentive process.
- *How does this affect how ACHs will carry out their transformation project activities?*
 - ACHs can use baseline information to understand where the region is starting from across the required P4P metrics, and the magnitude of change that is required to earn the full amount of potential Project Incentives for the performance period.
 - Demonstrating improvement in the P4P metrics is not only a mechanism for earning Project P4P Incentives, but performance relative to the metrics can also give a better sense of how transformation project activities are improving the health and wellness of Medicaid beneficiaries residing in the ACH region, with the aim of true population health improvement.
 - The state knows that ACHs and partnering providers will likely have supplementary measures of success that they will be monitoring on a more frequent basis to stay abreast of implementation progress, areas for adjustment and/or opportunities for scaling transformation efforts for delivery system reform.
- *Where can I find more information?*
 - For more information about the Medicaid Project Toolkit and metric associations with project areas, see [Project toolkit and metrics appendix](#).
 - For information about how performance is measured and the broader DSRIP accountability framework, see [DSRIP Measurement Guide](#).⁴
 - Full specifications for Project P4P metrics are found on the [Medicaid Transformation metrics](#) webpage.⁵
- *Will ACH baseline results be posted publicly? If so, where can the results be found?*
 - A summary table that displays individual ACH DY 3 P4P improvement targets by metric will be posted on the [Medicaid Transformation Resources webpage](#).⁶
 - The Healthier Washington Dashboard released in November 2018 will contain P4P metrics results and improvement targets for all ACH regions, including results by geographic region (e.g., ACH region, county) and demographics (e.g., age group, gender, race, and ethnicity). Users have the ability to combine filters to see metric results for specific populations for a more in-depth exploration across demographic dimensions and geography where there is sufficient data to do so (considering small numbers/suppression rules).

⁴ <https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf>

⁵ <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-metrics>

⁶ <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources>

DSRIP Pay-for-Performance (P4P) Metrics

Baseline Year 1 (CY 2017) Metric Results and Improvement Targets for Performance Year 1 (CY 2019)

Delivered on October 26, 2018

Interpretation Guidance

Baseline Measurement Year 1: January 1, 2017 to December 31, 2017

Performance Year 1: January 1, 2019 to December 31, 2019

See the DSRIP Measurement Guide for detailed information about measure specifications, regional attribution, and improvement target calculation. The Measurement Guide can be found at: <https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf>.

Intended Use

This baseline report is intended to communicate Baseline Year 1 (CY 2017) Pay-For-Performance (P4P) metric results to ACHs. All P4P metrics that are active for Performance Year 1 (CY 2019) are shown in this report. If no results are displayed for a metric or submetric, the ACH is not accountable for the corresponding metric or submetric for Performance Year 1 (CY 2019).

Field Definitions

Metric Name of P4P metric.

Metric or submetric results used to determine achievement value Submetrics associated with the metric to determine Achievement Value (AV).

Project Affiliation P4P metric project affiliation is also reported. Each P4P metric can be affiliated with multiple projects. A metric that is associated with multiple projects will generate the equivalent number of AVs.

State CY 2017 Results (Rate or %) Statewide results on active P4P metrics. These metrics are shown for reference, and are not associated with statewide accountability metric results.

Absolute Benchmark Absolute benchmark for gap-to-goal metrics; set at the 90th percentile for Medicaid, as calculated annually by NCQA Quality Compass. "NULL" indicates the metric is not a gap-to-goal metric.

ACH CY 2017 Results (Rate or %) P4P metric and submetric baseline results. Click on the relevant cell to display the full, unrounded number. Note:

- If the value of the metric or submetric is "NULL," the ACH is not responsible for the metric or submetric.

- There are a few cases when the number of beneficiaries in the numerator is zero (0) for an improvement-over-self metric or submetric, resulting in an improvement target of 0% (e.g., Substance Use Disorder Treatment Penetration (Opioid) Age 65+ submetric). The ACH is still responsible for that metric or submetric.

ACH Improvement Target for CY 2019 (Rate or %) P4P metric and submetric improvement targets. Note: Metric or submetric result(s) are not displayed if an ACH Baseline Year 1 (CY 2017) P4P metric or submetric result is above the corresponding benchmark for Performance Year 1 (CY 2019), and the ACH is not responsible for that metric or submetric during Performance Year 1 (CY 2019).

Additional Information

A supplemental baseline report will be provided to the ACHs that selected Project 3C: Access to Oral Health Services. The dental metrics are on a different timeline for this production cycle only due to additional production capacity building and validation that is needed for these metrics. This will not affect payment timelines during the performance year. The anticipated release date of the supplemental baseline report is mid-December 2018.

All metric results, for active and inactive P4P metrics regardless of ACH project selection, will be provided through the Healthier Washington Dashboard (publicly available dashboard) and the Healthier Washington Measures Report and the Healthier Washington Dataset (Category 2 data products that will be provided to the ACHs via their Data Sharing Agreements).

DSRIP Pay-for-Performance (P4P) Metrics

Baseline Year 1 (CY 2017) Metric Results and Improvement Targets for Performance Year 1 (CY 2019)

Metric	Metric or submetric results used to determine achievement value	Project Affiliation								State CY 2017 Results (Rate or %)	Absolute Benchmark	North Sound ACH	
		2A	2B	2C	2D	3A	3B	3C	3D			CY 2017 Baseline (Rate or %)	Improvement Target for CY 2019 (Rate or %)
DSRIP Pay-For-Performance Metrics													
All Cause Emergency Department Visits per 1,000 Member Months	All-Cause ED Visits, per 1000 MM - ages 0-17									35.53456189	NULL	29.26919937	28.71311188
	All-Cause ED Visits, per 1000 MM - ages 18 - 64	X	X	X	X	X	X	X	X	66.11442646	NULL	58.58599854	57.47290421
	All-Cause ED Visits, per 1000 MM - ages 65+									54.26356589	NULL	40.72060013	39.94694138
Antidepressant Medication Management	Antidepressant Medication management – Acute (12 weeks)	X								51.18651425	63.6	52.24140167	53.37728119
	Antidepressant Medication management - Continuation (6 months)									35.83055998	49.1	36.88959885	38.11059952
Children's and Adolescents' Access to Primary Care Practitioners	Children's and Adolescents' Access to Primary Care Practitioners - ages 12-24 months									96.65801502	97.89	96.45089722	96.59481812
	Children's and Adolescents' Access to Primary Care Practitioners - ages 25 months - 6 years	X							X	87.49747744	93.2	88.40339661	88.88308716
	Children's and Adolescents' Access to Primary Care Practitioners - 7-11 years									91.94630515	96.1	92.79180145	93.12265778
	Children's and Adolescents' Access to Primary Care Practitioners - 12-19 years									91.8927396	96.1	92.65589905	93.00035095
Chlamydia Screening in Women	Chlamydia Screening in Women							X		52.94827805	71.5	48.86859894	51.13171387
Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Testing	X							X	84.7107612	95.36	87.5	88.28600311
Comprehensive Diabetes Care: Medical Attention for Nephropathy	Comprehensive Diabetes Care: Medical Attention for Nephropathy	X							X	87.18423712	94.91	87.45210266	88.19789886
Medication Management for People with Asthma: Medication Compliance 75%	Medication Management for People with Asthma: Medication Compliance 75%	X							X	33.21499574	50	33.90890121	35.5179863
Mental Health Treatment Penetration (Broad Version)	Mental Health Treatment Penetration (Broad Version) - 6-17 years									63.46869228	NULL	61.38299942	62.54930496
	Mental Health Treatment Penetration (Broad Version) - 18-64 years	X	X						X	46.45603321	NULL	44.39960098	45.24320221
	Mental Health Treatment Penetration (Broad Version) - 65+ years									31.55893536	NULL	26.08699989	26.58260918
Patients Prescribed Chronic Concurrent Opioids and Sedatives Prescriptions	Patients Prescribed Chronic Concurrent Opioids and Sedatives Prescriptions					X				22.97122629	NULL	22.24580002	21.82309341
Patients Prescribed High-dose Chronic Opioid Therapy	Patients Prescribed High-dose Chronic Opioid Therapy: >50 mg MED in a calendar quarter					X				34.39686994	NULL	35.70669937	35.02828979
	Patients Prescribed High-dose Chronic Opioid Therapy: >90 mg MED in a calendar quarter									17.1990172	NULL	18.34140015	17.99291801
Percent Homeless (Narrow Definition)	Percent Homeless (Narrow Definition) - 0-17 years									0.724590898	NULL	0.683000028	0.670033276
	Percent Homeless (Narrow Definition) - 18-64 years		X	X	X					5.082436183	NULL	4.90749979	4.8142519
	Percent Homeless (Narrow Definition) - 65+ years									1.517450683	NULL	1.049000025	1.029021025
Plan All-Cause Hospital Readmissions (30 Days)	Plan All-Cause Hospital Readmissions (30 Days)	X	X	X						13.81458714	NULL	13.52070045	13.26382828
Substance Use Disorder Treatment Penetration	Substance Use Disorder Treatment Penetration - 12-17 years									32.54066042	NULL	35.34840012	36.02006531
	Substance Use Disorder Treatment Penetration - 18 -64 years	X	X						X	29.91460911	NULL	35.22079849	35.88999557
	Substance Use Disorder Treatment Penetration - 65 years									8	NULL	0	0
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life							X		63.10120015	85.04	63.09400177	65.28855896