"How to Read" The accountability metric specification sheets

Metric Name

Metric Information

Metric description: Brief description that includes definitions and additional detail needed to understand the metric.

Metric specification version: Identifies the measure steward and version of specification used for the current specification sheet.

Data collection method: Defines the method of data collection. Some metrics use only administrative data sources, while other metrics may use a hybrid data collection. An administrative collection method relies solely on clinical information collected from the electronic records generated in the normal course of business, such as claims, registration systems, or encounters, among others. If a hybrid approach is used, a valid sample of carefully reviewed chart data supplements the administrative data.

Data source: Identifies all data sources required to generate the metric (ex: ProviderOne).

Claim status: For metrics that require claims and encounter data, identifies the status of the claims and/or encounters eligible for inclusion in the metric calculation. For the purposes of DSRIP measurement, metrics only include final paid claims or accepted encounters.

Identification window: Relevant measurement timeframe. Generally aligns with the measurement year, but some metrics require previous years of information to establish metric eligibility.

Direction of quality improvement: Defines the direction (higher or lower) that represents improvement in the metric result.

URL of specifications: If available, website for current specification version.

DSRIP Program Summary

Metric utility: Defines how the metric is associated with DSRIP measurement and accountability. Metrics land in at least one of the following: ACH P4P (for ACH Project Incentives), ACH High Performance (for ACH High Performance Incentives), and/or DSRIP statewide accountability (to determine at-risk overall DSRIP incentives in DY 3-5).

ACH Project P4P □   ACH High Performance □   DSRIP statewide accountability □

ACH Project P4P – Metric results used for achievement value: Defines metric result or submetric results used to determine earned achievement value for associated measurement period. See Appendix I: ACH Project P4P metrics - sample achievement value calculations and Appendix H: ACH Project P4P improvement target and AV methodology for additional information about achievement values.

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ACH Project P4P – improvement target methodology: Defines whether the metric uses a gap to goal or Improvement over self (IOS) methodology to set associated improvement target(s). Full description of the methodology is found in Chapter 7: ACH Project Incentives - Pay for Performance. Full list of metrics and improvement target methodology used to set improvement targets is found in Appendix H: ACH Project P4P improvement target and AV methodology.

ACH Project P4P gap to goal - absolute benchmark value: If metric uses gap to goal based achievement, current and past national benchmark. If metrics uses improvement over self, no benchmark listed. Full list of metrics and improvement target methodology used to set improvement targets is found in Appendix H: ACH Project P4P improvement target and AV methodology.

DY 3/performance year 1 (2019)	TBD 2017 NCQA Quality Compass National Medicaid, 90th Percentile
DY 4/performance year 2 (2020)	TBD 2018 NCQA Quality Compass National Medicaid, 90th Percentile
DY 5/performance year 3 (2021)	TBD 2019 NCQA Quality Compass National Medicaid, 90th Percentile

ACH regional attribution: For most metrics, to be attributed to an ACH, the residential address(es) on file in the Medicaid enrollment files is required to be consistently within the boundaries of the ACH for 11 out of 12 months in the measurement year. However, a subset of metrics will use the less restrictive 7 out of 12 months in the measurement year.

Statewide attribution: For DSRIP statewide accountability quality metrics, statewide attribution requirements are also included. For nine of the 10 statewide accountability quality metrics, to be attribution to the state, the residential address on file in the Medicaid enrollment files is required to be consistently within Washington State's boundary for 11 out of 12 months in the measurement year. One statewide accountability quality metric uses the less restrictive 7 out of 12 months in the measurement year.

DSRIP Metric Details

Eligible Population: Metric specific criteria for inclusion in the denominator of the metric. Note: Depending on the metric utility for DSRIP, distinct population eligibility criteria may apply (and are shown in different tables).	
Age	Ages included in the metric; also includes indication of when age is determined.
Gender	Indication of any gender-based exclusions.
Minimum Medicaid enrollment	Minimum Medicaid enrollment for metric inclusion. Enrollment criteria is either continuous or non-continuous in the measurement year.
Allowable gap in Medicaid enrollment	Description of any gaps allowed in enrollment to meet Medicaid enrollment criteria.

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Medicaid enrollment anchor date	Defines the anchor date required for Medicaid enrollment, if applicable. If a specific anchor date is listed, an individual must be enrolled in Medicaid on that date to be included in the metric.
Medicaid benefit and eligibility	Description of Medicaid eligibility criteria for inclusion or exclusion in metric.

Denominator:

Data elements required for denominator: description of data components used to calculate the denominator. Where possible, relevant value sets of Current Procedural Terminology (CPT), Code on Dental Procedures and Nomenclature (CDT), and other values are listed. These value sets are used to identify relevant claim, encounter, or pharmacy data. HEDIS™ metrics are copyright protected and specific instructions and detailed value sets cannot be provided. In such cases, the name of the relevant values set(s) is referenced.

- Claim/encounter data:
    - Description of any claim and encounter data used to determine inclusion in the denominator
- Pharmacy data:
    - Description of any pharmacy data used to determine inclusion in the denominator

Value sets required for denominator: list of value sets referenced in calculation of the denominator.

Name	Value Set
Name of value sets required for metric construction	Includes specific codes, taxonomies, and other information required for the value set if possible

Required exclusions for denominator.
- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
    - Description of any metric specific exclusions required to be in the denominator.

Deviations from cited specifications for denominator.
- Description of any deviations from the measure steward's specification version cited in the Metric Information section, including the use of optional criteria.

Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: description of data components used to calculate the numerator. HEDIS™ metrics are copyright protected and specific instructions and CPT code sets cannot be provided. Where possible, relevant sets of Current Procedural Terminology (CPT) or Code on Dental Procedures and Nomenclature (CDT) are listed. There "value sets" are used to identify relevant claim, encounter, or pharmacy data. HEDIS™ value set are proprietary and specific lists of

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CPT or CDT codes cannot be provided. In such cases, the name of the relevant values sets is referenced.
- Claim/encounter data:
    - o Description of any claim and encounter data used to determine inclusion in the numerator.
- Pharmacy data:
    - o Description of any pharmacy data used to determine inclusion in the numerator.

Value sets required for numerator: list of value sets referenced in calculation of the numerator.

Name	Value Set
Name of value sets required for metric construction	Includes specific codes, taxonomies, and other information required for the value set if possible

Required exclusions for numerator.
- Metric specific exclusions:
    - o Description of any metric specific exclusions required to be in the numerator.

Deviations from cited specifications for numerator.
- Description of any deviations from the measure steward's specification version cited in the Metric Information section, including the use of optional criteria.

Version Control

Record of any changes to the metric specifications from previous releases of the Measurement Guide.