

Overview

The CMMI SIM Program believes measurement and goal setting are imperative to tracking the progress of SIM. The metrics detailed in the following tabs will allow us to better identify, track and understand provider, beneficiary and payer participation, as well as the impact models have on quality, cost, and utilization and population health over the performance period.

The intent of this workbook is to provide supplemental program guidance and clarification to the Round 2 Model Test Awardees as they complete their Operational Plans. The bullets below offer descriptions of the tabs found in this guidance:

- **Model Participation Metrics** – Metrics intended to capture data on the participation of providers in SIM as well as the number of beneficiaries impacted. The metric set includes a minimum set of required metrics each Awardee must report to the CMMI SIM Program on a quarterly and/or annual basis. Awardees may develop or select additional model specific participation metrics to track activities specific to their SIM initiative which are not captured in the model participation metrics defined by the CMMI SIM Program. Awardees may develop multiple model specific metrics. These metrics should be defined in consultation with the awardee's Project Officer. Awardees supporting multiple models through SIM are expected to report model participation metrics independently for each type of model. The Awardee will be expected to provide baseline values and target goals for each type of model in their Operational Plan. (Note: The value-based purchasing and/or alternative payment model cited include models such as ACOs, bundled payments, and medical homes).
- **Payer Participation** –The focus of this tab is specific to payer participation in value-based purchasing and/or alternative payment models supported by SIM. Awardees must report information on payer participation and should align their reporting to the Payment Taxonomy Framework Categories to the best extent possible. Awardees should consider using this framework to establish principles for data-sharing and goal-setting among payers in the state.
- **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.
- **State Health Care Landscape & Delivery System Reform** - In January 2015, HHS announced clear goals for moving from volume to value in Medicare payments by tying 30 percent of Medicare fee-for-service payments to alternative payment models by 2016 and 50 percent by 2018. Overall, HHS seeks to have 85 percent of all Medicare fee-for-service payments in value-based purchasing by 2016 and 90 percent by 2018. In this context, States are encouraged to develop similar goals, as well as identify and track metrics intended to capture data on providers and beneficiaries impacted by APMs in the State regardless of SIM funding. This tab includes a set of metrics each Awardee may report to the CMMI SIM Program on an annual basis. For more information on the goals of HHS regarding value-based purchasing and alternative payment models, please see [Better Care. Smarter Spending. Healthier People: Paying Providers for Value. Not Volume](#) Fact Sheet.
- **Metric Map** – This tab provides a general overview for how an Awardee's Reporting Metrics may be used for purposes of SIM program monitoring, the federal evaluation contractor, and the state-led evaluation efforts. Please note that this tab only details the reporting metrics for the Metric Category called "Portfolio of Reporting Metrics."
- **SIM Definitions** –This tab contains further guidance and clarification for terms used throughout the guidance, as well as a few links to references.

While we acknowledge not all Awardees will be able to report on every metric at the onset, it is expected that the Awardee will be able to do so over the course of the period of performance. It is expected that Awardees experiencing difficulties with data collection or meeting CMMI deadlines work with their Project Officers to resolve any issues. The Awardee should plan to discuss metric development and guidance further with Project Officers and engage Technical Assistance as needed.