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 t
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 approve

Metric Area	Metric Title	Metric Type Percentage or Count	Metric Status	Metric Retirement Date MM/DD/YY (if applicable)	Metric Definition/Description	Numerator Definition
Utilization	Ambulatory Care: Emergency Department Visits (HEDIS)	Percentage	Active		This measure summarizes emergency department utilization for patients age 18 and over by calculating the number of ED visits per measurement year expressed as a rate per 1,000 annualized members. Measure is reported without risk-adjustment.	All emergency department (ED) visits during the measurement year, excluding ED visits for mental health or alcohol and drug dependency reasons
Utilization	Plan All-Cause Readmissions	Percentage	Active		The percentage of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, for patients 18 years of age and older. Measure is reported without risk-adjustment.	At least one acute readmission for any diagnosis within 30 days of discharge
Cost	Cost of care: total cost of care population-based per member per month (PMPM) index	Count	Active		This measure is used to assess the total cost of care population-based per member per month (PMPM) index. Total Cost of Care (TCC) is a measure of a primary care provider's risk adjusted cost effectiveness at managing the population they care for. TCC includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services, and is risk-adjusted to account for differences in patient severity.	Average total cost of care per member per month across payer's membership. Generally, TCC includes all costs associated with medical and pharmacy claims. Each payer uses its own TCC methodology, including spending incorporated into the measure and risk-adjustment methodology.
Quality	Consumer Assessment of Health Care Providers and Systems Survey (CAHPS)	Count	Active		The National Committee for Quality Assurance (NCQA) rates accredited health insurance plans across 3 types of quality measures. Consumer satisfaction is derived from the HEDIS survey measurement set—Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 2—a validated survey overseen by the Agency for Health Care Quality (AHRQ) Consumer satisfaction measures assess patient experience with care, including their experiences with doctors, services and customer service. Further information can be found at http://www.ncqa.org/Portals/0/Report%20Cards/Health%20Plan%20Ratings/HPR_Ratings_MethodologyOverview_July_MeasureListUpdate.pdf	Weighted average of NCQA publicly reported results on consumer satisfaction across leading payers by segment, based on number of members Results are calculated on a scale of 1–5 scale (higher is better) in half points.
Population Health	Colorectal cancer screening	Percentage	Active		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
Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage	Retired	08/01/16	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 AND 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 AND if positive, a follow-up plan is documented on the date of the positive screen
Population Health	Childhood immunization status	Percentage	Active		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.
Population Health	Medical Attention for nephropathy in diabetes	Percentage	Active		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

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
d 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

Denominator Definition	Notes	NQF#	Reporting Frequency	Alignment to Other CMS Programs	Suggested By	Pre-implementation Baseline	
						Numerator	Denominator
Members age 18 years of age and older as of December 31 of the measurement year	Uses the HEDIS Emergency Department Utilization (EDU) measure definition, **however non-risk adjusted figures are reported.** See https://goo.gl/hsdrT3 for more information. **NOTE:** Goal is currently TBD. Current baseline draws from limited data. DE will update the baseline with additional information later this year and then propose a goal.		Annual		CMMI SIM Program	295	1
For commercial health plans, discharges are included for members age 18-64 as of the date of discharge. For Medicare and Medicaid, discharges are included for members age 18 and older as of the date of discharge.	**Non-risk adjusted figures are reported for all lines of business.** See https://goo.gl/jdwmCW for more information.	1768	Annual	Health Home Measure Set, 2015 Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid	CMMI SIM Program	748	6,430
N/A	Each payer contributing data is using their own methodology for total cost of care. **NOTE:** Goal is currently TBD. Current baseline draws from limited data. DE will update the baseline with additional information later this year and then propose a goal.	1604	Annual		CMMI SIM Program	262	1
N/A	NCQA publishes results annually around September	0166	Annual	PQRS, MSSP	Delaware	3	1
Patients 51-75 years of age as of December 31 of the measurement year.	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.	0034	Annual	eCQM, MSSP	Delaware	29,466	45,868
All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.	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	0418	Annual	2014 eCQMs for 2016 reporting, 2015 Core Set of Adult Health Care Quality Measures for Medicaid	CMMI SIM Program		
Children who turn 2 years of age during the measurement year.	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. **NOTE:** Goal is currently TBD. DE will propose a goal later this year.	0038	Annual	eCQM, core set of child measures for Medicaid	Delaware	1,545	2,394
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.	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	0062	Annual	eCQM	Delaware	12,648	14,797

n Year	Performance Year 1															
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Annual			Goal
Value	Numerator	Denominator	Value	Numerator	Denominator	Value	Numerator	Denominator	Value	Numerator	Denominator	Value	Numerator	Denominator	Value	Value
295															-	TBD
11.6%			-			-			-			-			-	11%
262			-			-			-			-			-	TBD
3			-			-			-			-			-	3
64.2%			-			-			-			-			-	64%
-			-			-			-			-			-	
64.5%			-			-			-			-			-	TBD
85.5%			-			-			-			-			-	85%