

EVALUATION PLAN

New York Department of Health

Federal-State Health Reform Partnership Medicaid Section 1115 Demonstration

Start Date of Demonstration: October 1, 2006
End Date of Demonstration: March 31, 2014

As a component of the Special Terms and Conditions (STCs) for the Federal-State Health Reform Partnership (F-SHRP) Medicaid Section 1115 Demonstration (No. 11-W-00234/2), the New York State Department of Health (DOH) is required to conduct an evaluation of the demonstration and, in preparation for the evaluation, to submit this draft evaluation design for approval to the Centers for Medicare and Medicaid Services (CMS).

This evaluation design will assess the degree to which the Demonstration goals have been achieved and/or key activities have been implemented. The evaluation design includes a discussion of the Demonstration's major goals and activities, evaluation questions, and measures and data that will be used in the evaluation.

The DOH received technical assistance from a health care management consulting and research firm to prepare this evaluation plan. The DOH intends to issue a separate contract with an outside vendor for completion of the final evaluation and report. The DOH will be responsible for quarterly and annual reporting requirements.

OVERVIEW OF THE DEMONSTRATION

On September 29, 2006, CMS approved a new five-year 1115 Demonstration program entitled the Federal-State Health Reform Partnership (F-SHRP). Under this Demonstration, New York will implement a significant restructuring of its health care delivery system. The Demonstration was effective October 1, 2006.

Goals and Major Activities

The primary goals of the F-SHRP Demonstration are to improve the cost effectiveness and quality of the State's health care system and promote increased access to and coordination of care in appropriate clinical settings. To achieve these goals, the key activities of the Demonstration are as follows:

- Consolidate and "right-size" the State's health care system by reducing excess capacity in the acute care system
- Shift emphasis in long-term care from institutional-based to community-based settings
- Expand the adoption of advanced health information technology (HIT)
- Expand and improve ambulatory and primary care infrastructure
- Expand managed care to additional populations and counties in the Medicaid program

Together, these reform activities seek to achieve the desired goals of the Demonstration, resulting in long-term savings for both the State and Federal governments.

Rightsizing New York's Acute Care System

New York's acute care infrastructure is outdated and oversized and many existing facilities are highly leveraged with debt. The migration of health care services to the outpatient setting has added to the significant excess capacity that exists in the State. The State established and authorized the Commission on Health Care Facilities in the 21st Century (Commission) to make recommendations regarding the reconfiguration of the State's health care system, including possible consolidation, closure, conversion, and restructuring of institutions and reallocation of local and statewide resources.¹

Among other activities and recommendations, the Commission evaluated each hospital and nursing home in the State over the course of 18 months. Its acute care recommendations affect 57 acute care facilities, or about 25% of the State's hospitals. Recommendations include 48 acute care reconfiguration, affiliation, and conversion arrangements, and nine facility closures. Collectively, the recommendations would reduce inpatient capacity by approximately 4,200 beds, or 7 percent of the State's supply. These recommendations, if accepted by the Legislature and implemented, are aimed at reducing Medicaid inpatient hospital costs.

The F-SHRP Demonstration will place an increased emphasis on ensuring that as acute care capacity is right-sized, more services will be rendered in appropriate and cost effective clinical settings, such as outpatient settings. Right-sizing the institutional infrastructure is also expected to result in reduced inpatient utilization by reducing pressure to fill empty beds. Under this Demonstration, the DOH will retire and/or restructure hospital debt, fund operating costs necessary to downsize or close facilities, and convert unneeded acute care facilities to alternate delivery models. The Demonstration will thus expand the availability of ambulatory and primary care services, ensuring that individuals continue to have access to health care providers and services as the acute care sector is restructured.

Reforming New York's Long-Term Care System

The growth of non-institutional alternatives for long-term care services, advances in medical technology, overall improvement in the health of potential consumers and caregivers, and increasing preference for less restrictive health care alternatives is contributing to decreasing demand for traditional long term facility care. Nursing home occupancy continues to drop in most areas of the State to unprecedented levels. Today, for example, there are approximately 6,000 excess nursing home beds in New York. While occupancy has dropped, discharges/admissions have grown by 60% over the past four years, with virtually all growth in the short-stay rehabilitation categories of fewer than 90 day stays. Consequently, the average length of stay has diminished by over 40%.

The Commission's recommendations for downsizing or closing nursing homes include eliminating approximately 3,000 beds, which represents about 3 percent of the State's supply. In addition, the Commission recommended that a significant number of nursing homes should be downsized. Consistent with the Commission's recommendations, the F-SHRP Demonstration will place an increased emphasis on shifting long-term care from institutional-based to community-based settings. In addition to rightsizing activity in the long-term care sector, the Demonstration may help support implementation of a

¹ "A Plan to Stabilize and Strengthen New York's Health Care System." Final Report of the Commission on Health Care Facilities in the 21st Century. December 2006. URL: http://www.nyhealthcarecommission.org/final_report.htm.

single point of entry (SPOE) system, home modification and housing accessibility initiatives, and expanded telehomecare services, all designed to respond to changing long-term care needs for the future.

Health Information Technology

Numerous studies have demonstrated the potential savings that can be achieved through expanding HIT adoption and utilization in the nation’s fragmented delivery system. Greater use of HIT applications can reduce duplicative care, lower health care administration costs, and minimize errors in care. However, moving forward on major HIT initiatives will require significant financial investments. New York has enacted the HEAL NY (Health Care Efficiency and Affordability Law for New Yorkers) program to, among other activities, expand the use of e-prescribing, develop and expand the use of electronic medical records, and facilitate the development, implementation and application of interoperable health information exchange across care settings throughout New York.

HEAL NY makes grants to acute and long-term care facilities that demonstrate a commitment to investing in the restructuring and reconfiguration of their facilities to improve the delivery of quality care to patients. Funded projects may include those that seek to expand the adoption and use of health IT applications in New York and promote interoperable health information exchange across care settings throughout the State.

Expansion of Medicaid Managed Care

The current mandatory managed care program operated by New York (under the Partnership Plan Demonstration, No. 11-W-00114/2) provides Medicaid State Plan benefits through mandated comprehensive managed care organizations to Medicaid recipients that live in New York City and 23 other counties in the following eligibility categories.

State plan mandatory and optional groups	FPL level and/or other qualifying criteria
Children under age 1	Up to 200 % FPL
Children 1 through 5	Up to 133% FPL
Children 6 through 18	Up to 100% FPL
Children 19-20	Monthly income standard (determined annually)
Adult (21-64) AFDC-related family members	Monthly income standard (determined annually)

Under the F-SHRP Demonstration, recipients that fall within the above categories living in the following 14 counties will be required to enroll in managed care organizations: Allegany, Cortland, Dutchess, Fulton, Montgomery, Putnam, Orange, Otsego, Schenectady, Seneca, Sullivan, Ulster, Washington, and Yates.

In addition, under the F-SHRP Demonstration, implementation of mandatory enrollment of the SSI population will be accelerated and expanded to also incorporate those individuals who are seriously and persistently mentally ill (SPMI).

New York has been able to document significant savings resulting from the implementation of the Medicaid managed care program under the Partnership Plan Demonstration. Those results are expected to continue and the State is working actively on initiatives to expand the Medicaid managed care

M://BPDAR/Special Populations Group/ 1115 Waiver Info/Evaluation Tool/Partnership Plan and FSHRP documents/final evaluation plans/F-SHRP Evaluation Plan draft 9-19-2012.com

program to populations currently not enrolled. F-SHRP reforms seek to build on the success of the Partnership Plan Demonstration to attain additional cost savings as well as improved quality of care.

TECHNICAL APPROACH

The primary goals of the F-SHRP Demonstration are to improve the cost effectiveness, efficiency, and quality of the State's health care system and promote increased access and coordination of care in appropriate clinical settings. To accomplish these goals, the Demonstration includes several key activities, including restructuring the State's acute and long-term care infrastructure, supporting expanded ambulatory care initiatives, investing in health information technology, and expanding managed care services to more counties and Medicaid beneficiaries. This evaluation plan will assess the degree to which the key goals of the Demonstration have been achieved and/or the key activities of the Demonstration have been implemented.

Evaluation Plan Approach

The process of designing the evaluation plan first involved identifying and documenting the Demonstration's key goals and activities, which were included in the State's Demonstration proposal and the Special Terms and Conditions.

With key goals and activities identified, the process of designing the evaluation plan involved selecting several evaluation questions that correspond to each of the major Demonstration goals and activities. The evaluation itself will seek to answer the evaluation questions, which in turn will assess the degree to which the Demonstration has been effective in implementing the key activities identified, directly achieving the goals of the Demonstration, or both.

The specific evaluation questions to be addressed by the evaluation were based on the following criteria:

- 1) Potential for improvement, consistent with the key goals of the Demonstration
- 2) Potential for measurement, including (where possible and relevant) baseline measures that can help to isolate the effects of Demonstration initiatives and activities over time
- 3) Potential to coordinate with the DOH's ongoing performance evaluation and monitoring efforts

Once research questions were selected to address the Demonstration's major program goals and activities, specific variables and measures were then identified to correspond to each research question. Finally, a process was developed for identifying data sources that are most appropriate and efficient in answering each of the evaluation questions.

Analysis Plan

While the Demonstration seeks to reform New York's health care delivery system, observed changes may be attributed to the Demonstration itself and/or external factors, including other State- or national-level policy or market changes or trends. The evaluation team will develop a theoretical framework depicting how specific Demonstration goals, tasks, and activities are causally connected. This theoretical framework, which may include a logic model, will incorporate any known or possible external influences to the extent possible (such as policy changes or market shifts) and their potential interactions with the Demonstration's goals and activities.

The theoretical framework will be used as a reference for the evaluation team in isolating the degree to which the Demonstration is associated with observed changes in relevant outcomes. Specifically, the

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evaluation team will seek to isolate the effects of the Demonstration on the observed outcomes in several ways:

- 1) To the extent possible, the evaluation team will gather and describe credible evidence that attempts to isolate the Demonstration's contribution to any observed outcomes as well as describe the relative contributions of other factors influencing those outcomes. This will include documenting any relevant legal, regulatory, or policy changes or other trends – including the sequence, scope, and duration of such changes – at both a State and national level that are likely to influence the observed outcomes.
- 2) Where possible and relevant, the evaluation will incorporate baseline measures for each of the selected variables included in the evaluation. Data for each of the targeted variables and measures will be collected regularly so that changes in outcome measures and variables can be observed on a longitudinal basis.
- 3) The evaluation will compare rates of performance and measures with State and national benchmarks, where relevant and feasible. Incorporating benchmark measures will allow for external comparisons of Demonstration measures to State and national trends, further isolating the impacts of the Demonstration by controlling for external factors influencing the observed outcomes.

The evaluation features described above (analysis of qualitative contextual information, the use of baseline measures, ongoing data collection, and benchmarking) represent quasi-experimental means by which the evaluation team will determine the effects of the Demonstration on the health care system in New York. Evaluation conclusions will include key findings associated with individual research questions addressed as well as integrated information combining the results of individual evaluation questions to make broad conclusions about the effects of the Demonstration as a whole.

In addition, the evaluation will also include specific recommendations of best practices and lessons learned that can be useful for DOH, other States, and CMS. Moreover, to the extent possible, the evaluation team will integrate and/or compare evaluation conclusions and recommendations to previous studies or evaluations of relevance.

The DOH will contract with an EQRO to conduct a federally-required review of Managed Care Entities (MCE) as defined in 42 CFR 438 Subpart E. As the expansion of managed care to selected populations and counties is an important component of this Demonstration, the findings from EQRO activities and from ongoing internal monitoring of managed care activities will be made available, as necessary, to assist the vendor selected to conduct the evaluation and write the interim and final reports.

EVALUATION GOALS, ACTIVITIES, MEASURES, AND DATA

This section describes the evaluation plan's key goals, activities, evaluation questions, measures/variables, and data sources.

GOAL 1: ACUTE CARE RESTRUCTURING

Goal

Goal 1 of the Demonstration is to create a more efficient acute care system in New York State that promotes access to high quality, cost effective care.

Activities

To achieve Goal 1, the Demonstration will facilitate the implementation of Commission recommendations to modify the State's existing acute care infrastructure. This will involve retiring and/or restructuring hospital debt, funding operating costs necessary to downsize or close facilities, and converting unneeded acute care facilities to alternate delivery models. The Demonstration will also place an increased emphasis on ensuring that more services are rendered in non-acute clinical settings by expanding ambulatory and primary care services.

Key Evaluation Questions

1. To what extent has the Demonstration resulted in reductions in the number of acute care facilities and beds in New York State?
 - *Outcome measures and variables:* Number and type of facilities eliminated or restructured; Number of beds associated with eliminated/restructured facilities
2. What impact has acute care restructuring had on the capacity and occupancy of remaining facilities?
 - *Outcome measures and variables:* Average capacity and occupancy of remaining facilities
3. To what extent has reduced excess bed capacity resulted in reductions in hospital admissions?
 - *Outcome measures and variables:* "Value of averted hospital admissions" = The reduction in the number of Demonstration Year (DY) Medicaid discharges per enrollee below Base Year (BY) level * average cost per discharge * DY Medicaid enrollees
4. To what extent have acute care facilities been converted to alternate uses?
 - *Outcome measures and variables:* Number of acute care facilities converted to alternate services/facilities, including innovative approaches to emergency services in rural areas and other ambulatory care uses
5. What have been the impacts of acute care restructuring on access to primary and specialty care?
 - *Outcome measures and variables:* Physician participation in Medicaid managed care program, by specialty; number of primary and specialty care visits PMPM

6. To what extent has acute care restructuring reduced financial burdens associated with excess capacity?
 - *Outcome measures and variables:* Debt retirement/restructuring of affected facilities; debt and type of debt associated with remaining institutions; “Value of avoided inpatient debt payments” = the reduction in the total inpatient debt per discharge from Base Year (BY) level
* Medicaid discharges

Data Sources

- Medicaid Management Information System (MMIS)
- Medicaid Encounter Data System (MEDS)
- HPN
- Internal tracking system which includes but is not limited to Institutional Cost Reports, the SPARCS database and the Certificate of Need database.

The internal tracking system along with the other data sources will permit the DOH to conduct rigorous analysis, data reporting, and tracking not only of closure and wind-down costs and volume shifts, but also measuring and monitoring projected versus achieved savings and benefits. These systems will be modified and synthesized with other internal data sources to create a customized tracking system useful for the F-SHRP Demonstration evaluation.

This tracking system will also be important in closely monitoring access to care issues, allowing for adjustments in available resources should circumstances warrant. Factors to be monitored in the DOH's internal tracking system will include claims, acute and long-term care beds, occupancy and capacity of remaining facilities, cost and revenue per case, outpatient utilization patterns, payor source trends, and other relevant measures. The tracking system will be refined and improved as the State progresses through rightsizing activities.

GOAL 2: LONG-TERM CARE RESTRUCTURING

Goal

Goal 2 of the Demonstration is to create a more efficient long-term care system in New York State that is consistent with consumers' increasing preference for less restrictive community-based settings compared to more traditional long-term care models.

Activities

To achieve Goal 2, the Demonstration will facilitate the implementation of Commission recommendations to rightsize the State's long-term care infrastructure. In addition to closing and/or modifying facilities, this will involve placing an increased emphasis on shifting long-term care from institutional-based to community-based settings.

Key Evaluation Questions

1. To what extent has the Demonstration resulted in reductions in and reconfigurations of long-term care facilities and services?
 - *Outcome measures and variables:* Number and types of facilities eliminated or restructured; number of beds associated with eliminated/restructured facilities
2. What have been the impacts of long-term care restructuring on the availability and use of home and community based services?
 - *Outcome measures and variables:* Home and community based utilization patterns
3. To what extent has the Demonstration yielded reductions in nursing home debt?
 - *Outcome measures and variables:* Comparison of total nursing home debt reported annually (adjusting for new debt) to base year debt. Value of Avoided Nursing Home Debt Payments" = the reduction in the total nursing facility debt per day from Base Year (BY) level * Medicaid days
4. To what extent have Medicaid nursing home admissions been averted as a result of the Demonstration?
 - *Outcome measures and variables:* "Value of averted Medicaid nursing home admissions" = The reduction in the number of Demonstration Year (DY) Medicaid bed-days per enrollee below Base Year (BY) level * average cost per bed-day * DY Medicaid enrollees

Data Sources

- Medicaid Management Information System (MMIS)
- Medicaid Encounter Data System (MEDS)
- Institutional Cost Reports

GOAL 3: HEALTH INFORMATION TECHNOLOGY

Goal

Goal 3 of the Demonstration is to improve quality of care, reduce medical errors, and increase efficiency in New York State's health care system.

Activities

To achieve Goal 3, the Demonstration will seek to expand the use of e-prescribing, develop and expand the use of electronic medical records, and facilitate the development, implementation and application of interoperable health information exchange across care settings throughout New York.

Key Evaluation Questions

1. What Demonstration activities have aimed to improve the adoption or promote the use of e-prescribing?
2. What Demonstration activities have aimed to improve the adoption or promote the use of electronic medical records (EMRs)?
3. What Demonstration activities have aimed to promote system-wide data sharing and gathering to support higher quality care, transparency, and error reduction?
 - *Outcome measures and variables:* HEAL NY grantmaking activity related to the goals of the Demonstration; data from HEAL NY grantees on changes in use of e-prescribing, EMRs, and data sharing and gathering, and other relevant activities

Data Sources

- HEAL NY grant activity data (description below)
- HEAL NY grantee reports (description below)

A key goal of HEAL NY is to identify and support development and investment in HIT projects on a regional and State level. The DOH maintains detailed records of the types of grants made and their related activities. The HEAL NY grantmaking and contractual reporting requirements will provide the necessary data to monitor and track the degree to which the Demonstration's goals regarding HIT adoption are being achieved. This will include the types of grants made as well as any relevant outcomes identified by grantees associated with the goals of the Demonstration in the area of HIT.

GOAL 4: MANAGED CARE EXPANSION

Goal

Goal 4 of the Demonstration is to slow the growth of Medicaid expenditures through reduced medical costs and greater administrative efficiencies, achieve more efficient service delivery for Medicaid beneficiaries, and promote high quality integrated systems of care.

Task

To achieve Goal 4 of the Demonstration, the State will expand comprehensive managed care services to 14 additional counties and also extend mandatory managed care to the aged and blind from the Partnership Plan Demonstration to the F-SHRP Demonstration.

Key Evaluation Questions

1. How many aged and disabled Medicaid beneficiaries (previously participating in the Partnership Plan) were affected by the F-SHRP Demonstration?
 - *Outcome measures and variables:* Number of beneficiaries affected by transfer of authority, by beneficiary type, age category, and county
2. How many Medicaid beneficiaries were affected by the expansion of mandatory managed care enrollment to 14 additional counties?
 - *Outcome measures and variables:* Number of beneficiaries enrolled in Medicaid managed care, by beneficiary type, age category, and county

Data

- MMIS

GOAL 5: EXPANDED MANAGED LONG TERM CARE

Goal

Goal 2 of the Demonstration is to make managed long term care available to a greater number of eligible Medicaid recipients.

Activities

To achieve Goal 5, the Demonstration is to improve service delivery and coordination of long-term care services and supports for individuals through a managed care model. Under the Managed Long-Term Care (MLTC) program, eligible individuals in need of more than 120 days of community-based long-term care are enrolled with managed care providers to receive long-term services and supports as well as other ancillary services. Other covered services are available on a fee-for-service basis to the extent that New York has not exercised its option to include the individual in the Mainstream Medicaid Managed Care Program (MMMC). Enrollment in MLTC may be phased in geographically and by group. The state's goals specific to managed long-term care (MLTC) are as follows:

- Expanding access to managed long term care for Medicaid enrollees who are in need of long term services and supports (LTSS);
- Improving patient safety and quality of care for enrollees in MLTC plans;
- Reduce preventable inpatient and nursing home admissions; and
- Improve satisfaction, safety and quality of life.

Key Evaluation Questions

1. How has enrollment in MLTC plans increased over the length of the demonstration?
 - *Outcome measures and variables:* Number of beneficiaries enrolled in MLTC plans, by county and percent change over time
2. What are the demographic characteristics of the MLTC population? Are they changing over time?
 - *Outcome measures and variables:* Year to year comparison of demographic composition of MLTC beneficiaries, including age, race, gender, language, risk factors, enrollment, payment source, location, living situation, and top diagnoses
3. What are the functional and cognitive deficits of the MLTC population? Are they changing over time?
 - *Outcome measures and variables:* Year to year comparison of average statewide MLTC beneficiary scores on Activities of Daily Living Measures, Urinary Incontinence Frequency, Bowel Incontinence Frequency, Cognitive Functioning, When Confused, When Anxious, Frequency of Pain, and Depressive Feelings
4. Are the statewide and plan-specific overall functional indices decreasing or staying the same over time?
 - *Outcome measures and variables:* Average Overall Functioning score by health plan and statewide average with percent change over time

5. Are the average cognitive and plan-specific attributes decreasing or staying the same over time?
 - Outcome measures and variables: Year to year comparison of plan-specific scores on Activities of Daily Living Measures, Urinary Incontinence Frequency, Bowel Incontinence Frequency, Cognitive Functioning, When Confused, When Anxious, Frequency of Pain, and Depressive Feelings
6. Are the individual care plans consistent with the functional and cognitive abilities of the enrollees?
 - Outcome measures and variables: This evaluation question will be included when there is sufficient data available in 2014 to provide accurate measures.
7. Access to Care: To what extent are enrollees able to receive access to personal, home care and other services such as dental care, optometry and audiology?
 - Outcome measures and variables: Percentages of MLTC beneficiaries with a wait time of less than one month for routine Dentistry, Eye Care, Foot Care and Audiology
 - Outcome measures and variables: Percentage of new MLTC enrollees that stated that accessing Personal Care and Home Care was the same or better than it was before joining the plan
8. Quality of Care: Are enrollees accessing necessary services such as flu shots and dental care.?
 - Outcome measures and variables: Percentage of MLTC beneficiaries who receive flu shot within the last year
 - Outcome measures and variables: Percentage of MLTC beneficiaries who saw a dentist within the last year
9. Patient Safety: Are enrollees managing their medications? What are the fall rates and how are they changing?
 - Outcome measures and variables: The risk-adjusted percentage of MLTC beneficiaries who independently manage oral medication with percent change over time
 - Outcome measures and variables: Statewide percentage of MLTC beneficiaries that fell within the last six months with percent of change over time
10. Satisfaction: What are the levels of satisfaction with the timeliness (how often services were on time/how often the enrollee was able to see the provider at the scheduled time) and quality of network providers?
 - Outcome measures and variables: Percentages of MLTC beneficiaries who rated Home Health Aide, Care Manager, and Regular Visiting Nurses timeliness as Usually or Always
 - Outcome measures and variables: Percentages of MLTC beneficiaries who rated Home Health Aide, Care Manager, and Regular Visiting Nurses quality as Good or Excellent
11. Costs: What are the PMPM costs of the population?
 - Outcome measures and variables: Sum of payments divided by MLTC beneficiary member months in one year

Data Sources

- OHIP Data Mart
- SAAM
- MLTC Member Satisfaction Survey
- MLTC Satisfaction Survey of New Enrollees
- Encounter Data

• **Table 1: Evaluation of the F-SHRP Demonstration**

	Research Questions	Outcome Measures and Variables	Data Sources
Goal 1	Acute Care Restructuring		
PRE	Establish baseline measurements in variable described below		
1	To what extent has the Demonstration resulted in reductions in the number of acute care facilities and beds?	Number and type of facilities eliminated or restructured; Number of beds associated with eliminated/restructured facilities	Internal DOH Tracking System
2	What impact has acute care restructuring had on the capacity and occupancy of remaining facilities?	Average capacity and occupancy of remaining facilities	Internal DOH Tracking System
3	To what extent have acute care facilities been converted to alternate uses?	Number of acute care facilities converted to alternate services/facilities, e.g., innovative approaches to emergency services in rural areas and other ambulatory care uses	Internal DOH Tracking System
4	What have been the impacts of acute care restructuring on access to primary and specialty care?	Physician participation in Medicaid managed care program, by specialty; number of primary and specialty care visits PMPM	MMIS; HPN Internal DOH Tracking System
5*	To what extent has acute care restructuring reduced financial burdens associated with excess capacity?	Debt retirement/restructuring of affected facilities; debt and type of debt associated with remaining institutions "Value of avoided inpatient debt payments" = the reduction in the total inpatient debt per discharge from Base Year (BY) level * Medicaid discharges	Internal DOH Tracking System
6*	To what extent has reduced excess bed capacity resulted in reductions in hospital admissions?	"Value of averted hospital admissions" = The reduction in the number of Demonstration Year discharges per enrollee below Base Year (BY) level * average cost per discharge * DY Medicaid enrollees	MMIS; Internal DOH Tracking System

Goal 2 Long-Term Care Restructuring			
PRE	Establish baseline measurements in variables described below		
1	To what extent has the Demonstration resulted in reductions in and reconfigurations of long-term care facilities and services?	Number and types of facilities eliminated or restructured; number of beds associated with eliminated/restructured facilities	Internal DOH Tracking System
2	What have been the impacts of long-term care restructuring on the availability and use of home and community based services?	Home and community based utilization patterns	Internal DOH Tracking System
3*	To what extent has the Demonstration yielded reductions in debt payments for nursing homes?	“Value of Avoided Nursing Home Debt Payments” = the reduction in the total nursing facility debt per day from Base Year (BY) level * Medicaid days	Internal DOH Tracking System
4*	To what extent have Medicaid nursing home admissions been averted as a result of the Demonstration?	“Value of averted Medicaid nursing home admissions” = The reduction in the number of Demonstration Year (DY) Medicaid bed-days per enrollee below Base Year (BY) level * average cost per bed-day * DY Medicaid enrollees	MMIS; Internal DOH Tracking System
Goal 3 Health Information Technology			
PRE	Establish baseline measurements in variables described below		
1	What Demonstration activities have aimed to improve the adoption or promote the use of e-prescribing?	HEAL NY grantmaking activity related to the goals of the Demonstration; data from HEAL NY grantees on changes in use of e-prescribing, EMRs, and data sharing and gathering	HEAL NY grant activity data; HEAL NY grantee reports
2	What Demonstration activities have aimed to improve the adoption or promote the use of electronic medical records (EMRs)?		
3	What Demonstration activities have aimed to promote systemwide data sharing and gathering to support higher quality care, transparency, and error reduction?		
Goal 4 Managed Care Expansion			
PRE	Establish baseline measurements in variables described below		
1	How many aged and disabled Medicaid beneficiaries (previously participating in the Partnership Plan) did the F-SHRP Demonstration affect?	Number of beneficiaries affected, by beneficiary type, age category, and county	MMIS
2	How many Medicaid beneficiaries were affected by the expansion of mandatory managed care enrollment to 14 additional counties?		

Goal 5 Expanded Managed Long Term Care			
PRE	Establish baseline measurements in variable described below		
1	How has enrollment in MLTC plans increased over the length of the demonstration?	Number of beneficiaries enrolled in MLTC plans, by county and percent change over time.	OHIP Data Mart
2	What are the demographic characteristics of the MLTC population? Are they changing over time?	Year to year comparison of demographic composition of MLTC beneficiaries, including age, race, gender, language, risk factors, enrollment, payment source, location, living situation, and top diagnoses.	SAAM
3	What are the functional and cognitive deficits of the MLTC population? Are they changing over time?	Year to year comparison of average statewide MLTC beneficiary scores on Activities of Daily Living Measures, Urinary Incontinence Frequency, Bowel Incontinence Frequency, Cognitive Functioning, When Confused, When Anxious, Frequency of Pain, and Depressive Feelings.	SAAM
4	Are the statewide and plan-specific overall functional indices decreasing or staying the same over time?	Average Overall Functioning score by health plan and statewide average with percent change over time.	SAAM
5	Are the average cognitive and plan-specific attributes decreasing or staying the same over time?	Year to year comparison of plan-specific scores on Activities of Daily Living Measures, Urinary Incontinence Frequency, Bowel Incontinence Frequency, Cognitive Functioning, When Confused, When Anxious, Frequency of Pain, and Depressive Feelings.	SAAM
6	Are the individual care plans consistent with the functional and cognitive abilities of the enrollees?	This evaluation question will be included when there is sufficient data available in 2014.	

7	Access to Care: To what extent are enrollees able to receive access to personal, home care and other services such as dental care, optometry and audiology?	Percentages of MLTC beneficiaries with a wait time of less than one month for routine Dentistry, Eye Care, Foot Care, and Audiology. Percentages of new MLTC enrollees that stated that accessing Personal Care and Home Care was the same or better than it was before joining the plan.	MLTC Member Satisfaction Survey MLTC Satisfaction Survey of New Enrollees
8	Quality of Care: Are enrollees accessing necessary services such as flu shots and dental care?	Percentage of MLTC beneficiaries who received a flu shot within the last year. Percentage of MLTC beneficiaries who saw a dentist within the last year.	SAAM, Encounter Data
9	Patient Safety: Are enrollees managing their medications? What are the fall rates and how are they changing over time?	The risk-adjusted percentage of MLTC beneficiaries who independently manage oral medication with percent change over time; Statewide percentage of MLTC beneficiaries that fell within the last six month with percent change over time.	SAAM
10	Satisfaction: What are the levels of satisfaction with the timeliness (how often services were on time/how often the enrollee was able to see the provider at the scheduled time) and quality of network providers?	Percentages of MLTC beneficiaries who rated Home Health Aide, Care Manager, and Regular Visiting Nurse timeliness as Usually or Always. Percentages of MLTC beneficiaries who rated Home Health Aide, Care Manager, and Regular Visiting Nurse quality as Good or Excellent.	MLTC Member Satisfaction Survey
11	Costs: What are the PMPM costs of the population?	Sum of payments divided by MLTC beneficiary member months in one year.	OHIP Data Mart

*Outcome measures were included in the Special Terms and Conditions