



**Department  
of Health**

Medicaid  
Redesign Team

# **DSRIP High Performance Fund Distribution Methodology**

September 2015

# Objectives

1. Describe High Performance Fund
2. Identify Measures Eligible for High Performance Funding
3. Describe the High Performance Fund Distribution Methodology
  - Annual Distribution of High Performance Funds
  - Tier 1 and Tier 2 High Performance
  - High Performance Valuation Caps
4. Other High Performance Funding Source

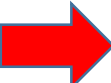
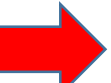
# DSRIP High Performance Fund is:

- Available for PPS that achieve high performance on HPF eligible measures.
  - Total High Performance Fund is split evenly across 2 tiers\*
    - Tier 1 - Based on 20% gap to goal achievement
    - Tier 2 - Based on exceeding statewide performance targets
- Governed by the following program guidelines:
  - DSRIP Standard Terms and Conditions (STCs)
    - Attachment I, Sections III.b, III.c, VIII.c, IX.c
    - Attachment J, Section II – 10 eligible measures identified
  - DSRIP Measure Specification and Reporting Manual
    - Section II
- Limited to 30% of PPS project valuation – DOH will determine the basis for valuation caps pending initial performance results and further analysis in later demonstration years to assure high performance funds are distributed as fully as allowed under waiver rules.
- Achieved via performance on 10 Eligible Measures across Domains 2 and 3.

\* Note: Proportions for the annual HPF may be adjusted by DOH pending actual achievement of Tier 1 and Tier 2 high performance

# 10 Eligible Measures

- High performance funding can only be earned by Pay for Performance (P4P) measures. **Measures are not eligible for high performance until the time they transition to P4P.**
- Four of the ten eligible measures transition from P4R to P4P after the first high performance period in DY2:

Project	High Performance Eligible Measures	
2.a.i-2.a.v	Potentially Preventable Emergency Department Visits (All Population)	 <b>Become P4P and HPF eligible in DY3</b>
2.a.i-2.a.v	Potentially Preventable Readmissions (All Population)	
3.a.i-3.a.iv	Antidepressant Medication Management	
3.a.i-3.a.iv	Cardiovascular Monitoring for People with CVD and Schizophrenia	
3.a.i-3.a.iv	Diabetes Monitoring for People with Diabetes and Schizophrenia	
3.a.i-3.a.iv	Follow-up for Hospitalization for Mental Illness	
3.a.i-3.a.iv	Potentially Preventable Emergency Department Visits (BH Population)	
3.a.v	Potentially Preventable Readmissions (BH Population in SNF)	
3.b.i-3.b.ii	Controlling Hypertension	 <b>Become P4P and HPF eligible in DY4</b>
3.b.i-3.b.ii	Tobacco Cessation - Discussion of Cessation Strategies	

# High Performance Fund Distribution Methodology

In addition to the requirements outlined in the Measure Specification and Reporting Manual and STCs, the following methodology will be used for distribution:

- HPF payments will be made once per year coinciding with the second payment periods of DY2 - DY5.
  - Eligible measures are applicable for HPF payments starting in DY2.
- The HPF STC percentage allocations have been aligned with the STC funding distributions, while being adjusted to a four year period that reflects the timeframe of HPF payments occurring in DY2 – DY5.

HPF STC %			
DY2	DY3	DY4	DY5
20.05%	32.42%	28.71%	18.81%

- Allocations across sub-domains will be determined following the applicable measurement period depending on PPS performance and measures for which high performance is achieved.
- In order to maximize funding available to PPS, HPF will be distributed to PPS in a dynamic manner directing the maximum amount of funding to high-performing PPS.

# High Performance Fund Distribution Methodology

- HPF distribution is based on PPS Attribution for Performance (A4P) and the number of projects applicable to high performance chosen by each PPS.
- Performance funding not earned due to missed Achievement Values in Domain 1-4 is re-allocated to the High Performance Fund.
- Excess high performance funding that cannot be distributed due to valuation caps will be distributed to other applicable domains and HPF measures in each annual measurement period.
  - To ensure the maximum amount of funding is distributed to high performing PPS, HPF will be distributed in a dynamic manner.
- PPS may earn both Tier 1 and Tier 2 funding in the first period that a PPS exceeds the state performance target (thus closing the gap 100% and qualifying for the Tier 1 20% gap to goal requirement).
- High performance funding will carry over one year. These carry over funds will be distributed in the carry over year, prior to any new HPF being awarded. If these carry over funds are still unearned in the carry over period, they are forfeited from the program.

# High Performance Potential Funding Distribution

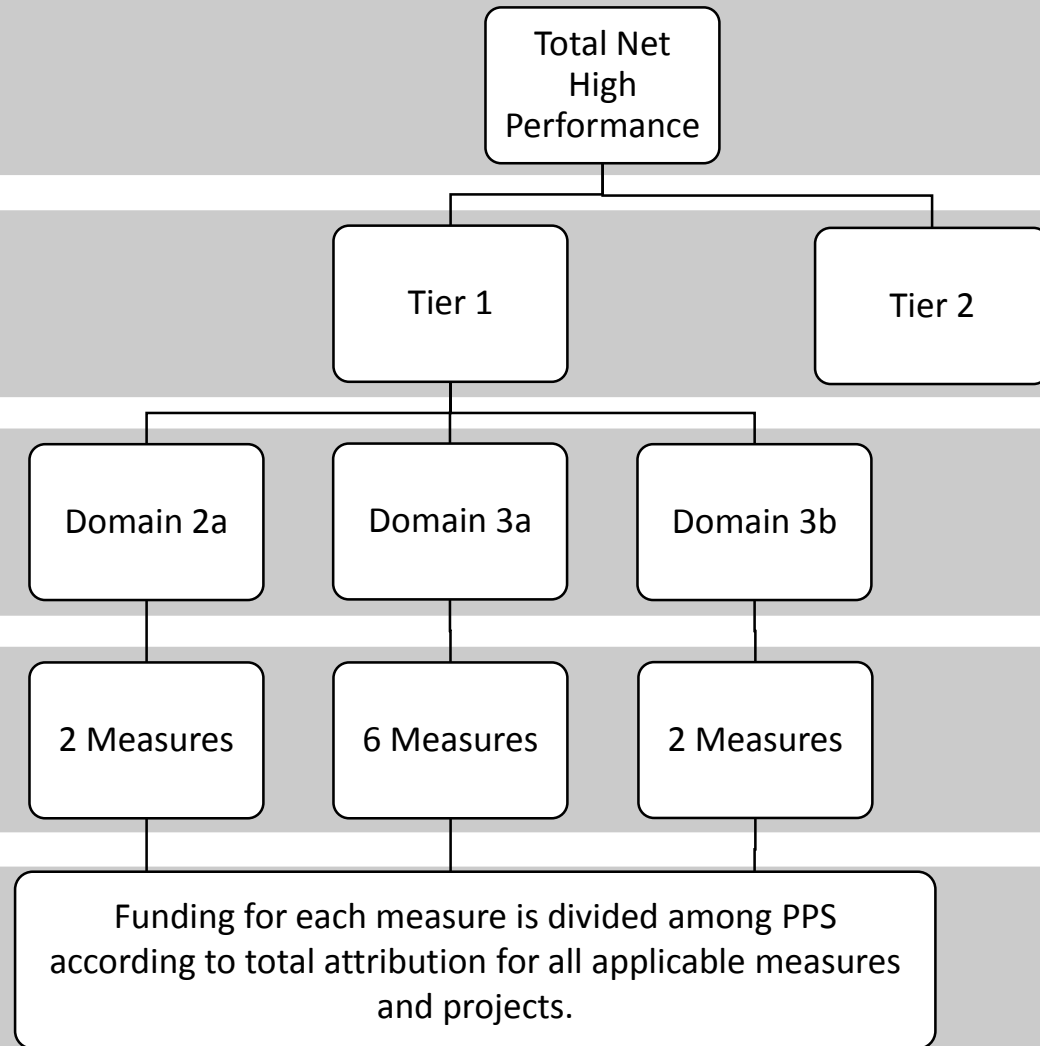
Will be divided in DYs 2-5 according to proportions defined in STCs

Total HPF are split evenly across two tiers per STCs \*

Sub-domain 2a, 3a, and 3b funding is proportioned by total PPS A4P for PPS achieving each measure for each applicable project.

Funds are distributed by measure based on the A4P method (by total PPS A4P for each applicable project).

A PPS may achieve a portion of potential HPF payments based on total A4P (up to 30% of PPS project valuation).



\* Note: The proportions for the annual HPF may be adjusted by the state as appropriate to account for volume of demand on the HPF.

# Other High Performance Funding Sources

- This presentation covers DSRIP waiver high performance fund as defined in the DSRIP Special Terms and Conditions. Methodology for earning additional (non-waiver) high performance payments will be established in forthcoming DOH guidance.



Please review the accompanying HPF Excel workbook and HPF policy document for further details and examples of high performance funding calculations.

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