

## Alliance Proxy Measure Guide

Performance Team	Proxy Measure Name	What is the goal of this measure?	Population	Metric	Data Sources
Asthma	Potentially Preventable ED Visits - Asthma	To monitor efforts towards reducing the rate of potentially preventable asthma related ED visits	Patients from Medicaid Patient Lists submitted for the reporting month AND have a diagnosis of asthma	Number of ED visits with a primary diagnosis of asthma during for most recent month PHI Level data provided by NYS	Medicaid Patient Lists MAPP PHI Level Member Lists provided to Alliance
Avoidable Hospital Use	Follow up after Behavioral Health discharge	To ensure that all inpatient admissions related to Behavioral Health have timely and appropriate follow up	Patients from Medicaid Patient Lists submitted for the reporting month who appear on DOH provided Snapshot data with a Behavioral Health Inpatient discharge in the month that was 2 months prior to current month	Number of qualifying members who did have an outpatient Behavioral Health visit within one month after discharge based on the most recent snapshot data	Medicaid Patient Lists NYS DOH
Avoidable Hospital Use	Potentially Preventable Admissions	To monitor efforts towards reducing the rate of potentially preventable inpatient admissions	Patients from Medicaid Patient Lists submitted for the reporting month AND who are over the age of 18	Number of inpatient admissions for Asthma, Diabetes, or Upper Respiratory Infection over the past 3 months	Medicaid Patient Lists NY State DOH Data
Avoidable Hospital Use	Potentially Preventable ED Visits	To monitor efforts towards reducing the rate of potentially preventable ED visits	Patients from Medicaid Patient Lists submitted for the reporting month who are attributed to the Alliance	Number of ED visits for members with ER visits with any Primary Diagnosis for Asthma, Diabetes, or Upper Respiratory Infection last month	Medicaid Patient Lists NY State DOH Data
Avoidable Hospital Use	Potentially Preventable ED Visits - Behavioral Health	To monitor efforts towards reducing the rate of potentially preventable ED visits among our behavioral health population	Patients from Medicaid Patient Lists submitted for the reporting month AND are tagged with having a Behavioral Health condition in the most recent snapshot data	ED visits rate for a diagnosis of Asthma, Diabetes, or Upper Respiratory Infection last month among patients with a Behavioral Health diagnosis	Medicaid Patient Lists NY State DOH Data
Avoidable Hospital Use	Rate of Potentially avoidable Hospital Admissions for Adults	To identify where there is opportunity to reduce potentially avoidable inpatient admission	All attributed members with current age 18 and older attributed to Alliance and are on Medicaid Patient List submitted by partner	Number of members with an Inpatient Admission in the prior 3 months with a Primary Diagnosis considered Potentially preventable	Medicaid Patient Lists NY State DOH Data
Avoidable Hospital Use	Rate of Potentially avoidable Hospital Admissions for Children	To identify where there is opportunity to reduce potentially avoidable inpatient admissions for	All attributed members with current age 6 - 17 years r attributed to Alliance and are on Medicaid Patient List submitted by partner	Number of members with an Inpatient Admission in the prior 3 months with a Primary Diagnosis considered Potentially preventable	Medicaid Patient Lists NY State DOH Data
Behavioral Health	Follow up after Behavioral Health discharge	To ensure that all inpatient admissions related to Behavioral Health have timely and appropriate follow up	Patients from Medicaid Patient Lists submitted for the reporting month who appear on DOH provided Snapshot data with a Behavioral Health Inpatient discharge in the month that was two months prior to the reporting month	Number of qualifying members who did have an outpatient Behavioral Health visit within one month after discharge based on the most recent snapshot data	Medicaid Patient Lists NY State DOH Data
Behavioral Health	Health Home Enrollment - Behavioral Health	To ensure that all patients with a behavioral health diagnosis are assigned a Health Home	Patients from Medicaid Patient Lists submitted for the reporting month AND have a behavioral health diagnosis	Number of patients with an assigned Health Home	Medicaid Patient Lists NY State DOH Data
Behavioral Health	Potentially Preventable ED Visits - Behavioral Health	To monitor efforts towards reducing the rate of potentially preventable ED visits among our behavioral health population	Patients from Medicaid Patient Lists submitted for the reporting month AND are tagged with having a Behavioral Health condition in the most recent snapshot data	ED visits rate for a diagnosis of Asthma, Diabetes, or Upper Respiratory Infection last month among patients with a Behavioral Health diagnosis	Medicaid Patient Lists NY State DOH Data

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Palliative Care (IPOS)	Intervention Rate - Advance directives	To ensure that intervention is carried out where appropriate	Patients with a documented response of 4 (None) to IPOS Question 10	Number of patients with documented intervention	Alliance IPOS Database
Palliative Care (IPOS)	Intervention Rate - Depression	To ensure that intervention is carried out where appropriate	Patients with a documented responses of 2, 3, or 4 (Sometimes, Most of the time, Always) to IPOS Question 5	Number of patients with documented intervention	Alliance IPOS Database
Palliative Care (IPOS)	Intervention Rate - Symptoms	To ensure that intervention is carried out where appropriate	Patients with a documented responses of 2, 3, or 4 (Sometimes, Most of the time, Always) to IPOS Question 2	Number of patients with documented intervention	Alliance IPOS Database
Palliative Care (IPOS)	Intervention Rate - Those not at peace	To ensure that intervention is carried out where appropriate	Patients with a documented responses of 2, 3, or 4 (Sometimes, Occasionally, Not at all) to IPOS Question 6	Number of patients with documented intervention	Alliance IPOS Database
Preventive Health	Engaging New Medicaid Patients	To monitor our efforts to engage patients newly enrolled in Medicaid	Patients from Medicaid Patient Lists AND have no claims submitted within two years (Population will accumulate with monthly lists submitted starting Oct 2017)	Number of patients with a documented Well Child / Primary Care visit since enrollment	Medicaid Patient Lists Medicaid Data Warehouse
Preventive Health	Unmonitored Diabetes	To identify gaps in care for the population with diabetes	Patients from Medicaid Patient Lists submitted for the reporting month AND have been tagged as having Diabetes in prior 24 months (18 - 64 years old)	Number of patients who did not have one of each: HbA1c tests, LDL-C screen, eye exams, nephropathy screens in the prior 12 months	Medicaid Patient Lists NY State DOH Data
Preventive Health	Well Child Visit / Adult Primary Care Visit Rate	To ensure that all established patients are seeing their Primary Care Provider on a yearly basis	Patients from Medicaid Patient Lists submitted for the reporting month	Number of patients on Medicaid Patient List with a documented Well Child / Primary Care visit within 12 months of the reporting period end date	Medicaid Patient Lists Medicaid Data Warehouse