

Attachment D – DPP BHS Question 12

12. In Table 1 below, identify the measure(s), baseline statistics, and targets that the State will tie to provider performance under this payment arrangement (provider performance measures). Please complete all boxes in the row. To the extent practicable, CMS encourages states to utilize existing, validated, and outcomes-based performance measures to evaluate the payment arrangement, and recommends States use the CMS Adult and Child Core Set Measures when applicable.

TABLE 1: Payment Arrangement Provider Performance Measures

Measure Name and NQF # (if applicable)	Measure Steward/ Developer ¹	Baseline ² Year	Baseline ² Statistic	Performance Measurement Period ³	Performance Target	Notes ⁴
a. Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (NQF 2152)	AMA-PCPI	CY2021	NA	CY2022	NA – Establish a baseline in CY2021	Improvement Over Self (IOS) Measure. Performance target will be included in Year 2 Preprint.
b. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (NQF 1365)	AMA-PCPI	CY2021	NA	CY2022	NA – Establish a baseline in CY2021	Improvement Over Self (IOS) Measure. Performance target will be included in Year 2 Preprint.
c. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (NQF 0104)	AMA-PCPI	CY2021	NA	CY2022	NA – Establish a baseline in CY2021	Improvement Over Self (IOS) Measure. Performance target will be included in Year 2 Preprint.
d. Follow-Up after Hospitalization for Mental Illness 30-Day (NQF 0576)	NCQA	NA	NA	CY2021	59.38%	Performance Target is to meet or exceed 50 th percentile national benchmark
e. Follow-Up after Hospitalization for Mental Illness 7-Day (NQF 0576)	NCQA	NA	NA	CY2021	36.78%	Performance Target is to meet or exceed 50 th percentile national benchmark
f. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (NQF 0421)	NCQA	NA	NA	CY2021	86.13%	Performance Target is to meet or exceed the 25 th percentile national benchmark

1. Baseline data must be added after the first year of the payment arrangement

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2. If state-developed, list State name for Steward/Developer.
3. 3. If this is planned to be a multi-year payment arrangement, indicate which year(s) of the payment arrangement that performance on the measure will trigger payment.
4. If the State is using an established measure and will deviate from the measure steward's measure specifications, please describe here. Additionally, if a state-specific measure will be used, please define the numerator and denominator here.