

Overview

The CMI SIM Program believes measurement and goal setting are imperative to tracking the progress of SIM. The metrics detailed in the following tabs will allow us to better identify, track and understand provider, beneficiary and payer participation, as well as the impact models have on quality, cost, and utilization and population health over the performance period.

The intent of this workbook is to provide supplemental program guidance and clarification to the Round 2 Model Test Awardees as they complete their Operational Plans. The bullets below offer descriptions of the tabs found in this guidance.

- **Model Participation Metrics** – Metrics intended to capture data on the participation of providers in SIM as well as the number of beneficiaries impacted. The metric set includes a minimum set of required metrics each Awardee must report to the CMMI SIM Program on a quarterly and/or annual basis. Awardees may develop or select additional model specific participation metrics to track activities specific to their SIM initiative which are not captured in the model participation metrics defined by the CMMI SIM Program. Awardees may develop multiple model specific metrics. These metrics should be defined in consultation with the awardee’s Project Officer. Awardees supporting multiple models through SIM are expected to report model participation metrics independently for each type of model. The Awardee will be expected to provide baseline values and target goals for each type of model in their Operational Plan. (Note: The value-based purchasing and/or alternative payment model cited include models such as ACOs, bundled payments, and medical homes).
- **Payer Participation** – The focus of this tab is specific to payer participation in value-based purchasing and/or alternative payment models supported by SIM. Awardees must report information on payer participation and should align their reporting to the Payment Taxonomy Framework Categories to the best extent possible. Awardees should consider using this framework to establish principles for data-sharing and goal-setting among payers in the state.
- **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 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 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 approved 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 performance metrics suggested by the CMMI SIM Program. Awardees are expected to provide baseline values and target goals in their Operational Plan. The Awardee should plan to discuss these areas further with Project Officers and engage Technical Assistance as needed.
- **State Health Care landscape & Delivery System Reform** – In January 2015, HHS announced clear goals for moving from volume to value in Medicare payments by tying 30 percent of Medicare fee-for-service payments to alternative payment models by 2016 and 50 percent by 2018. Overall, HHS seeks to have 85 percent of all Medicare fee-for-service payments in value-based purchasing by 2016 and 90 percent by 2018. In this context, States are encouraged to develop similar goals, as well as identify and track metrics intended to capture data on providers and beneficiaries impacted by APMs in the State regardless of SIM funding. This tab includes a set of metrics each Awardee may report to the CMMI SIM Program on an annual basis. For more information on the goals of HHS regarding value-based purchasing and alternative payment models, please see Better Care, Smarter Spending, Healthier People: Paying Providers for Value, Not Volume Fact Sheet.
- **Metric Map** – This tab provides a general overview for how an Awardee’s Reporting Metrics may be used for purposes of SIM program monitoring, the federal evaluation contractor, and the state-led evaluation efforts. Please note that this tab only details the reporting metrics for the Metric Category called “Portfolio of Reporting Metrics.”
- **SIM Definition** – This tab contains further guidance and clarification for terms used throughout the guidance, as well as a few links to references.

While we acknowledge not all Awardees will be able to report on every metric at the onset, it is expected that the Awardee will be able to do so over the course of the period of performance. It is expected that Awardees experiencing difficulties with data collection or meeting CMMI deadlines work with their Project Officers to resolve any issues. The Awardee should plan to discuss metric development and guidance further with Project Officers and engage Technical Assistance as needed.

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Project Director	Barbara Martin	barbara.martin@state.co.us
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Date of Last Update	3/2/2018	

State Health Care Landscape & Delivery System Reform: In January 2015, HHS announced clear goals for moving from volume to value in Medicare payments by tying 30 percent of Medicare fee-for-service payments to alternative payment models by 2016 and 50 percent by 2018. Overall, HHS seeks to have 85 percent of all Medicare fee-for-service payments in value-based purchasing by 2016 and 90 percent by 2018. In this context, States are encouraged to develop similar goals, as well as identify and track metrics intended to capture data on providers and beneficiaries impacted by APMs in the											Award Year 1			Award Year 2			Goal
											Baseline			Annual			Goal Value
Metric Area	Metric Title	Metric Type	Metric Status	Metric Retirement Date	Metric Definition/Description	Numerator Definition	Denominator	Notes	Reporting	Defined by	Numerator	Denominator	Value	Numerator	Denominator	Value	Goal Value
Landscape Beneficiaries	Population impacted by value-based	Count	Active		Total number of payer attributed beneficiaries	Total number of payer attributed		Count of statewide beneficiaries impacted	Annual	CMMI SIM		1	0			-	
Landscape Beneficiaries	Population impacted by value-based purchasing and alternative payment models	Count	Active		Total number of payer attributed beneficiaries (individuals) receiving care through a LAN defined category 2 value-based purchasing and alternative payment model statewide.	Total number of payer attributed beneficiaries (individuals) receiving care through a LAN defined category 2 value-based purchasing and alternative payment model statewide.		Count of statewide beneficiaries impacted by category 2 alternative payment models; reported by each individual SIM participating payer and aggregated. As this metric is used for monitoring purposes we will not set an accountability target for it.	Annual	CMMI SIM Program		1	0			-	
Landscape Beneficiaries	Population impacted by value-based	Count	Active		Total number of payer attributed beneficiaries	Total number of payer attributed		Count of statewide beneficiaries impacted	Annual	CMMI SIM		1	0			-	
Landscape Beneficiaries	Population impacted by value-based purchasing and alternative payment models	Count	Active		Total number of payer attributed beneficiaries (individuals) receiving care through a LAN defined category 4 value-based purchasing and alternative payment model statewide.	Total number of payer attributed beneficiaries (individuals) receiving care through a LAN defined category 4 value-based purchasing and alternative payment model statewide.		Count of statewide beneficiaries impacted by category 4 alternative payment models; reported by each individual SIM participating payer and aggregated. As this metric is used for monitoring purposes we will not set an accountability target for it.	Annual	CMMI SIM Program		1	0			-	
Landscape Beneficiaries	Population impacted by value-based purchasing and alternative payment models	Count	Active		Total number of payer attributed beneficiaries (individuals) receiving care through an unidentified category of value-based purchasing and alternative payment model statewide.	Total number of payer attributed beneficiaries (individuals) receiving care through an unidentified category of value-based purchasing and alternative payment model statewide.		Count of SIM beneficiaries impacted by an unidentified alternative payment models; reported by each individual SIM participating payer and aggregated. As this metric is used for monitoring purposes we will not set an accountability target for it.	Annual	CMMI SIM Program		1	0			-	
Landscape Beneficiaries	Population impacted by value-based purchasing and alternative payment models	Percentage	Active		Total number of payer attributed beneficiaries (individuals) receiving care through LAN defined categories 1-4 and unidentified category of value-based purchasing and alternative payment model statewide.	Total number of payer attributed beneficiaries (individuals) receiving care through LAN defined categories 1-4 and unidentified category of value-based purchasing and alternative payment model statewide.	Total state population as estimated from July 1st 2015 census.	Count of beneficiaries impacted across all value-based purchasing and alternative payment models; reported by each individual SIM participating payer and aggregated. As this metric is used for monitoring purposes we will not set an accountability target for it.	Annual	CMMI SIM Program			-			-	
													-			-	
													-			-	

MODEL PARTICIPATION SUMMARY

Metric Area	Metric Name	Metric Definition/Description	Metric Type	Metric Status	Reporting Frequency	Award Year 1	Award Year 2					Award Year 3				Award Year 4								
						Baseline	R1	R2	R3	R4	Annual	Goal	R1	R2	R3	R4	Annual	Goal	R1	R2	R3	R4	Annual	Goal
Beneficiary	Population Impacted by SIM (payment models)	The total number of SIM payer attributed beneficiaries	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Beneficiary	Population Impacted by SIM (payment models)	The total number of SIM payer attributed beneficiaries	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Beneficiary	Population Impacted by SIM (payment models)	The total number of SIM payer attributed beneficiaries	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Beneficiary	Population Impacted by SIM (payment models)	The total number of SIM payer attributed beneficiaries	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Beneficiary	Population Impacted by SIM (payment models)	The total number of SIM payer attributed beneficiaries	Percentage	Active	Annual	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Beneficiary	Primary care Population Impacted by SIM (practice	The total number of beneficiaries (individuals) receiving care	Percentage	Active	Biennial	0%	25%	24%	24%	24%	24%	100%	-	-	-	-	-	0%	-	-	-	-	-	0%
Beneficiary	CMHC Population Impacted by SIM (practice	The total number of beneficiaries (individuals) receiving care	Percentage	Active	Biennial	0%	0%	0%	0%	0%	0%	0%	-	91%	-	-	-	0%	-	-	-	-	-	0%
Other	Communities Impacted by SIM (population health)	The total number of LPHAs implementing behavioral health and	Percentage	Retired	Quarterly	0%	0%	0%	100%	100%	-	100%	#REF!	-	-	-	-	0%	-	-	-	-	-	0%
Other	Communities Impacted by SIM (population health)	The total number of Behavioral Health Transformation	Percentage	Retired	Quarterly	0%	0%	0%	100%	100%	-	100%	#REF!	-	-	-	-	0%	-	-	-	-	-	0%
Other	Communities Impacted by SIM (population health)	The total number of Regional Health Connectors (RHCs)	Percentage	Active	Quarterly	0%	0%	0%	0%	24%	100%	100%	#REF!	####	-	-	-	0%	-	-	-	-	-	0%
Provider	Primary Care Providers Participating in SIM (practice	The total number of primary care providers participating in	Count	Active	Biennial	0%	909	909	842	878	1768	818	#REF!	1855	-	-	-	0%	-	-	-	-	-	0%
Provider	CMHC Providers Participating in SIM (practice	The total number of CMHC providers participating in practice	Count	Active	Biennial	0%	0%	0%	0%	0%	79	0%	#REF!	79	-	-	-	0%	-	-	-	-	-	0%
Provider	Providers participating in SIM (population health)	The total number of providers participating in educational	Count	Active	Quarterly	0%	173	119	230	246	27	800	#REF!	170	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	Primary Care Practice Sites Participating in SIM (practice	The total number of primary care practice sites participating in	Percentage	Active	Quarterly	0%	25%	25%	23%	23%	62%	90%	#REF!	62%	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	CMHC Practice Sites Participating in SIM (practice	The total number of CMHC practice sites participating in practice	Percentage	Active	Quarterly	0%	75%	75%	100%	100%	100%	0%	#REF!	####	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	Provider organizations enabled for telehealth	The total number of practice sites enabled for telehealth	Percentage	Active	Quarterly	0%	13%	13%	18%	27%	47%	100%	#REF!	48%	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	Primary Care Practice Sites participating in SIM (data	The total number of primary care practice sites submitting data	Percentage	Active	Quarterly	-	64%	90%	97%	73%	72%	90%	#REF!	95%	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	CMHC Practice Sites participating in SIM (data reporting)	The total number of CMHC practice sites submitting data on	Percentage	Active	Quarterly	0%	0%	0%	0%	0%	75%	0%	#REF!	####	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	Practice Sites Participating in SIM (All Models)	The total number of primary care practice sites participating in a	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	Practice Sites Participating in SIM (All Models)	The total number of primary practice sites participating in a LAN	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	Practice Sites Participating in SIM (All Models)	The total number of primary care practice sites participating in a	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Provider Organization	Practice Sites Participating in SIM (All Models)	The total number of primary care practice sites participating in a	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
Provider Organization [Unique Count]	Practice Sites Participating in SIM (All Models)	The total number of primary care practice sites participating in all	Count	Active	Annual	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
-	-	-	-	-	-	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
-	-	-	-	-	-	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%
-	-	-	-	-	-	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%

Model Performance Summary																										
Metric Area	Metric Name	Metric Definition/Description	Metric Type	Reporting Frequency	Metric Status	Award Year 1		Award Year 2					Award Year 3					Award Year 4								
						Baseline	R1	R2	R3	R4	Annual	Goal	R1	R2	R3	R4	Annual	Goal	R1	R2	R3	R4	Annual	Goal		
Cost	Out of Pocket Expenditures	The Consumer Out-of-Pocket Expenditure summarizes the relative cost to	Count	Quarterly	Active	1,051	0%	0%	0%	0%	0%	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Cost	Out of Pocket Expenditures	The Consumer Out-of-Pocket Expenditure summarizes the relative cost to	Count	Quarterly	Active	0%	0%	0%	0%	0%	0%	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Cost	Total Cost of Care Population	Total Cost of Care Index (TCI) is a measure of a primary care provider's cost	Count	Quarterly	Active	452	0%	0%	0%	0%	0%	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Cost	Total Cost of Care Population	Total Cost of Care Index (TCI) is a measure of a primary care provider's cost	Count	Quarterly	Active	0%	0%	0%	0%	0%	0%	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Other	Pediatric Quality Overall	Pediatric Quality Indicators (PDI) overall composite per 100,000 population, ages 6	Rate	Annual	Active	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Other	Prevention Quality Acute	Prevention Quality Indicators (PQI) composite of acute conditions per 100,000	Rate	Annual	Active	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Other	Prevention Quality Chronic	Discharges, for patients ages 18 years and older and resident in Colorado, for	Rate	Annual	Active	1%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Other	Prevention Quality Overall	Combines Chronic and Acute PQI's. Prevention Quality Indicators (PQI) overall	Rate	Annual	Active	1%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health			Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Anxiety - Patients aged 18-75	Anxiety disorders among adults	Percentage	Biennial	Active	15%	-	-	-	-	18%	0%	-	-	-	-	-	15%	-	-	-	-	-	0%		
Population Health	Asthma (0036): Age 18+	Asthma	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Asthma (0036): Age 5-14	Asthma	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Asthma (0036): Grade 9-12	Asthma	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	At least one depression	Prenatal care counseling about maternal depression	Percentage	Annual	Active	78%	-	-	-	-	-	0%	-	-	-	-	-	82%	-	-	-	-	-	0%		
Population Health	At least one depression	Maternal depression symptoms	Percentage	Annual	Active	9%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Breast Cancer Screening	Proportion of older adults aged ≥65 years who are up to date on a core set of	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Depression Screening for	Frequent Mental Distress Among Adults	Percentage	Annual	Active	10%	-	-	-	-	11%	0%	-	-	-	-	-	10%	-	-	-	-	-	0%		
Population Health	Depression Screening for	Adults who are currently depressed	Percentage	Annual	Active	7%	-	-	-	-	8%	0%	-	-	-	-	-	8%	-	-	-	-	-	0%		
Population Health	Depression Screening for	Adults being treated for mental health	Percentage	Annual	Active	12%	-	-	-	-	14%	0%	-	-	-	-	-	15%	-	-	-	-	-	0%		
Population Health	Depression Screening for	Depressive symptoms among high school (HS) students	Percentage	Annual	Active	30%	-	-	-	-	-	0%	-	-	-	-	-	30%	-	-	-	-	-	0%		
Population Health	Depression Screening for	Men who are currently depressed	Percentage	Annual	Active	6%	-	-	-	-	5%	0%	-	-	-	-	-	8%	-	-	-	-	-	0%		
Population Health	Depression Screening for	Suicide attempts among HS students	Percentage	Annual	Active	3%	-	-	-	-	-	0%	-	-	-	-	-	5%	-	-	-	-	-	0%		
Population Health	Depression Screening for	Crude suicide death rate	Rate	Annual	Active	0%	-	-	-	-	0%	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Developmental Screening	Developmental screening for children	Percentage	Annual	Active	56%	-	-	-	-	62%	0%	-	-	-	-	-	60%	-	-	-	-	-	0%		
Population Health	Diabetes: blood pressure	Prevalence of self-reported high blood pressure among adults aged ≥18 years with	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Flu (0041)	Influenza vaccination among adults aged ≥18 years	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Hypertension (Awareness)	Awareness of high blood pressure among adults aged ≥18 years	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Ischemic Vascular Disease	Hospitalizations from cerebrovascular disease	Rate	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Ischemic Vascular Disease	Mortality from cerebrovascular disease (stroke)	Rate	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Ischemic Vascular Disease	Mortality from coronary heart disease	Rate	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Ischemic Vascular Disease	Mortality from heart failure	Rate	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Ischemic Vascular Disease	Hospitalizations from myocardial infarction	Rate	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Ischemic Vascular Disease	Mortality from total cardiovascular diseases	Rate	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Obesity (Ages 18+)	Obesity	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Obesity (Ages 6-14)	Obesity	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Obesity (Grades 9-12)	Obesity	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Safety - Falls prevention	Fall hospitalization rates among older adults	Rate	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Safety - Falls prevention	Fall death rates among older adults	Rate	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	Safety - Falls prevention	Fall within past year among older adults	Percentage	Annual	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	SUDs - Patients 18-75	Binge Drinking Summary Measure	Percentage	Annual	Active	18%	-	-	-	-	19%	0%	-	-	-	-	-	12%	-	-	-	-	-	0%		
Population Health	SUDs - Patients 18-75	Current smoking among adults aged ≥18 years	Percentage	Annual	Active	16%	-	-	-	-	16%	0%	-	-	-	-	-	12%	-	-	-	-	-	0%		
Population Health	SUDs - Patients 18-75	Heavy Alcohol Consumption	Percentage	Annual	Active	6%	-	-	-	-	16%	0%	-	-	-	-	-	6%	-	-	-	-	-	0%		
Population Health	SUDs - Patients 18-75	Self-reported, non-medical opioid use	Percentage	Annual	Active	5%	-	-	-	-	-	0%	-	-	-	-	-	4%	-	-	-	-	-	0%		
Population Health	SUDs - Patients 18-75	Drug overdose deaths	Rate	Annual	Active	0%	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Population Health	SUDs - Patients 18-75	Risky prescription opioid dosage	Percentage	Annual	Active	6%	-	-	-	-	5%	0%	-	-	-	-	-	6%	-	-	-	-	-	0%		
Population Health	SUDs - Patients 18-75	Smokers who attempt to quit	Percentage	Annual	Active	69%	-	-	-	-	68%	0%	-	-	-	-	-	75%	-	-	-	-	-	0%		
Quality	Anxiety: Anxiety Screening	General Anxiety Disorder – GAD-7 or equivalent to show change.	Percentage	Quarterly	Retired	-	-	-	5%	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Anxiety: Anxiety Screening	General Anxiety Disorder – GAD-7 or equivalent to show change.	Percentage	Quarterly	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Asthma: Use of Appropriate	The percentage of patients 5-64 years of age during the measurement year who	Percentage	Quarterly	Retired	-	64%	62%	66%	73%	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Asthma: Use of Appropriate	The percentage of patients 5-64 years of age during the measurement year who	Percentage	Quarterly	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Breast Cancer: Breast Cancer	Percentage of women 50-74 years of age who had a mammogram to screen for	Percentage	Annual	Active	58%	-	-	-	-	-	0%	-	-	-	-	-	62%	-	-	-	-	-	0%		
Quality	Breast Cancer: Breast Cancer	Percentage of women 50-74 years of age who had a mammogram to screen for	Percentage	Annual	Active	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Colorectal Cancer: Colorectal	The percentage of patients 50–75 years of age who had appropriate screening for	Percentage	Annual	Active	35%	-	-	-	-	-	0%	-	-	-	-	-	40%	-	-	-	-	-	0%		
Quality	Colorectal Cancer: Colorectal	The percentage of patients 50–75 years of age who had appropriate screening for	Percentage	Annual	Active	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Depression: Preventive Care	Percentage of patients aged 12 years and older screened for clinical depression on	Percentage	Quarterly	Active	-	46%	34%	39%	49%	49%	0%	47%	56%	-	-	-	52%	-	-	-	-	-	0%		
Quality	Depression: Preventive Care	Percentage of patients aged 12 years and older screened for clinical depression on	Percentage	Quarterly	Active	-	-	-	-	-	-	0%	66%	61%	-	-	-	0%	-	-	-	-	-	0%		
Quality	Developmental Screening	The percentage of children screened for risk of developmental, behavioral and	Percentage	Quarterly	Active	-	59%	72%	77%	94%	94%	0%	71%	86%	-	-	-	16%	-	-	-	-	-	0%		
Quality	Developmental Screening	The percentage of children screened for risk of developmental, behavioral and	Percentage	Quarterly	Active	-	-	-	-	-	-	0%	92%	90%	-	-	-	0%	-	-	-	-	-	0%		
Quality	Diabetes: Blood Pressure	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2)	Percentage	Quarterly	Retired	-	77%	-	72%	35%	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Diabetes: Blood Pressure	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2)	Percentage	Quarterly	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Diabetes: Hemoglobin A1c	Percentage of patients 18-75 years of age with diabetes who had hemoglobin	Percentage	Quarterly	Active	-	32%	-	35%	34%	34%	0%	32%	28%	-	-	-	30%	-	-	-	-	-	0%		
Quality	Diabetes: Hemoglobin A1c	Percentage of patients 18-75 years of age with diabetes who had hemoglobin	Percentage	Quarterly	Active	-	-	-	-	-	-	0%	35%	22%	-	-	-	0%	-	-	-	-	-	0%		
Quality	Fall Safety: Screening for	Percentage of patients 65 years of age and older who were screened for future fall	Percentage	Quarterly	Active	-	46%	-	39%	53%	53%	0%	58%	14%	-	-	-	64%	-	-	-	-	-	0%		
Quality	Fall Safety: Screening for	Percentage of patients 65 years of age and older who were screened for future fall	Percentage	Quarterly	Active	-	-	-	-	-	-	0%	-	####	-	-	-	0%	-	-	-	-	-	0%		
Quality	Hypertension: Controlling	The percentage of patients 18 to 85 years of age who had a diagnosis of	Percentage	Quarterly	Active	-	61%	-	67%	67%	67%	0%	71%	68%	-	-	-	70%	-	-	-	-	-	0%		
Quality	Hypertension: Controlling	The percentage of patients 18 to 85 years of age who had a diagnosis of	Percentage	Quarterly	Active	-	-	-	-	-	-	0%	66%	75%	-	-	-	0%	-	-	-	-	-	0%		
Quality	Influenza: Preventive Care	Percentage of patients aged 6 months and older seen for a visit between October	Percentage	Quarterly	Retired	-	48%	38%	36%	40%	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Influenza: Preventive Care	Percentage of patients aged 6 months and older seen for a visit between October	Percentage	Quarterly	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Maternal Depression:	The percentage of children who turned 6 months of age during the measurement	Percentage	Quarterly	Active	-	21%	43%	78%	74%	74%	0%	48%	64%	-	-	-	55%	-	-	-	-	-	0%		
Quality	Maternal Depression:	The percentage of children who turned 6 months of age during the measurement	Percentage	Quarterly	Active	-	-	-	-	-	-	0%	79%	####	-	-	-	0%	-	-	-	-	-	0%		
Quality	Obesity (adolescent): Weight	Obesity Screen: Percentage of patients 3-17 years of age who had an outpatient	Percentage	Quarterly	Active	-	54%	61%	76%	93%	-	0%	88%	81%	-	-	-	95%	-	-	-	-	-	0%		
Quality	Obesity (adolescent): Weight	Obesity Screen: Percentage of patients 3-17 years of age who had an outpatient	Percentage	Quarterly	Active	-	-	-	-	-	-	0%	43%	48%	-	-	-	0%	-	-	-	-	-	0%		
Quality	Obesity (adult): Preventive	Percentage of patients aged 18 years and older with a BMI documented during the	Percentage	Quarterly	Active	-	54%	50%	47%	55%	55%	0%	52%	56%	-	-	-	55%	-	-	-	-	-	0%		
Quality	Obesity (adult): Preventive	Percentage of patients aged 18 years and older with a BMI documented during the	Percentage	Quarterly	Active	-	-	-	-	-	-	0%	62%	68%	-	-	-	0%	-	-	-	-	-	0%		
Quality	Substance Use Disorder:	Percentage of patients aged 18 years and older who were screened at least once	Percentage	Quarterly	Retired	-	46%	91%	54%	66%	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Quality	Substance Use Disorder:	Percentage of patients aged 18 years and older who were screened at least once	Percentage	Quarterly	Retired	-	-	-	-	-	-	0%	-	-	-	-	-	0%	-	-	-	-	-	0%		
Utilization	Admissions (primary care)	The number of physical healthcare discharges for any cause per 1,000 population	Rate	Quarterly	Active																					

Metric Map: This tab provides a general overview for how an Awardee’s Reporting Metrics may be used for purposes of SIM program monitoring, the federal evaluation contractor, and the state-led evaluation efforts. Please note that this tab only details the reporting metrics for the Metric Category called “Portfolio of Reporting Metrics.”

Metric Category	Metric Area	Defined and/or Suggested By	Area of Use				Purpose of Metric
			Program Monitoring		Evaluation		
			Quarterly &	Internal CMS	Federal Evaluation	State-led	
Portfolio of Reporting Metrics	Model Participation	CMMI SIM Program	X	X	May Be Included	X	Set of metrics defined and/or suggested by the CMMI SIM Program for program monitoring and internal reporting purposes. These metrics must be reported in quarterly and annual progress reports and may also be used by Awardees for state-led evaluation/continuous quality improvement efforts and stakeholder reporting during the award period. Please see overview tab and metric area tabs for more details.
	Payer Participation	CMMI SIM Program	X	X	May Be Included	X	
	Model Performance Metrics	CMMI SIM Program	X	X	May Be Included	X	
	State Health Care Landscape	CMMI SIM Program	X	X	May Be Included	X	
Federal Evaluation	Program Wide Metrics	Federal Evaluator, Rapid		X	X	X	Set of metrics developed by federal evaluator and CMMI RREG and SIM Program. These metrics are intended for use in the required federal evaluation of SIM. The evaluation will utilize qualitative and quantitative data to facilitate comparisons between States and across groups of States and, to the extent possible, establish standardized quality measures, data collection instruments, and research design. CMMI anticipates that federal evaluator will be procured by late 2015.
	State Level Metrics	Federal Evaluator, Research and Rapid Cycle Evaluation Group and CMMI SIM Program		X	X	X	
State-led Evaluation	State-led Evaluation Metrics	Awardee, Evaluation				X	The Awardee may decide to develop additional metrics (internally or in

SIM Definitions

“**Provider Organizations**” are healthcare related organizations which could be categorized in the following:

- **Hospital:** Organizations that provide inpatient medical care and other related services for surgery, acute medical conditions or injuries.
- **Ambulatory & Independent/Group Practice:** Organizations that provide outpatient services, including community health centers, independent and group practices, cancer treatment centers, dialysis centers.
- **Long Term Care:** Organizations that provide long term, post-acute care and rehabilitative services including nursing homes.
- **Home and Community Based Services:** Organizations that provide opportunities for individuals to receive services in their own home or community.

“**TIN**” is a unique Tax Identification Number which can be used to identify provider organizations.

“**Providers**” are staff employed at/represented by organizations participating in SIM which could be categorized in the following:

- **Licensed Clinicians:** This would include the following types of professionals: Doctor of Medicine (MD); Doctor of Osteopathic Medicine (DO).
- **Other Licensed Professionals:** This would include the following types of professionals: Physician Assistant (PA); Nurse Practitioner (NP); Clinical Nurse Specialists (CNS); Doctor of Dental Medicine (DMD); Doctor of Pharmacy (Pharm. D).
- **Allied Health Professional:** This would include the following types of professionals: social worker, physical therapist, dental hygienist, care coordinator, community health worker, and medical interpreter.

“**NPI**” is a unique National Provider Identifier issued to providers by the Centers for Medicaid and Medicaid Services.

“**Beneficiaries/members/enrollees**” are individuals who receive any healthcare related services by the organizations participating in SIM.

Other References:

Better Care, Smarter Spending. Healthier People: Paying Providers for Value, Not Volume Fact Sheet: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-3.html>

Rajkumar R, Conway PH, Tavenner M. The CMS—Engaging Multiple Payers in Risk-Sharing Models. JAMA. Doi:10.1001/jama.2014.3703
(Supplemental. eTable: Framework for Progression of Payment to Clinicians and Organizations in Payment Reform)
<http://jama.jamanetwork.com/article.aspx?articleid=1864086>

Under the SGR Repeal, alternative payment models for Medicare are defined as:

(C) ALTERNATIVE PAYMENT MODEL (APM). –The term ‘alternative payment model’ means, other than for purposes of subparagraphs (B)(ii)(I)(bb) and (C)(ii)(I)(bb) of paragraph (2), any of the following:

- (i) A model under section 1115A (other than a health care innovation award).
- (ii) The shared savings program under section 1899.
- (iii) A demonstration under section 1866C.
- (iv) A demonstration required by Federal law.

<http://www.gpo.gov/fdsys/pkg/PLAW-113publ93/html/PLAW-113publ93.htm>