

Calendar Year (CY) 2021 KanCare Pay for Performance (P4P) Measures

Measure	Data Source	Measure Weight	2021 Performance Target
Comprehensive Diabetes Care (CDC): <i>HbA1c Poor Control (>9.0%)</i> *Lower rate indicates better performance.	Healthcare Effectiveness Data and Information Set [HEDIS] (Hybrid)	7.14%	Unless otherwise noted, KDHE will set Performance Targets as follows: <ul style="list-style-type: none"> • <i>>= 50th %-ile benchmark: 100% of incentive payment for measure</i> OR <ul style="list-style-type: none"> • <i>>= 5 percentage point improvement: 100%</i> OR <ul style="list-style-type: none"> • <i>>= 3 percentage point improvement: 50%</i> If MCO meets more than one criteria, it shall receive 100% of incentive payment for measure.
Childhood Immunization Status: <i>Combination 10</i>	HEDIS (Hybrid)	7.14%	
Chlamydia Screening in Women	HEDIS (Admin)	7.14%	<i>NOTE: Will be paid on the aggregate, however, we need the MCOs to also report ages 21-24 and 16-20 for CORE measure reporting.</i>
Timeliness of Prenatal Care	HEDIS (Hybrid)	7.14%	
Postpartum Care	HEDIS (Hybrid)	7.14%	
Cervical Cancer Screening	HEDIS (Hybrid)	7.14%	

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Lead Screening in Children	HEDIS (Hybrid)	7.14%	<p>For the Lead Screening measure, the MCO shall receive 50% of the incentive value for valid reporting of this measure. The remaining 50% will follow normal HEDIS targets:</p> <ul style="list-style-type: none"> • \geq 50th % ile benchmark: full remaining 50% of incentive payment for measure OR • \geq 5 percentage point improvement from baseline: full remaining 50% OR • \geq 3 percentage point improvement: 25% of remaining incentive payment <p>If MCO meets more than one criteria, it shall receive the full remaining 50% of incentive payment for measure</p>
Residents of a NF or nursing facility for mental health (NFMH), receiving antipsychotic medication *Lower rate indicates better performance.	Minimum Data Set (MDS)	7.14%	<ul style="list-style-type: none"> • Rate \leq 12%: 100%
Nursing Home residents discharged to the community who are admitted to a hospital within 30 days of discharge *Lower rate indicates better performance.	MDS/ Encounter Data	7.14%	<ul style="list-style-type: none"> • Rate \leq 12%: 100% <p>OR</p> <ul style="list-style-type: none"> • \geq 1 percentage point improvement: 50% <p>If MCO meets both criteria, it shall receive 100% of incentive payment for measure.</p>
Peer Support services utilization for Behavioral Health services.	Encounter Data	7.14%	<ul style="list-style-type: none"> • Increase \geq 10% from previous year: 100%
Residents of a NF or NFMH discharged to a community setting	MDS	14.28%	<ul style="list-style-type: none"> • Rate \geq 55%: 100%

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Covered service accurately submitted via Encounter data	Encounter Data	7.14%	<ul style="list-style-type: none"> • <i>Rate</i> >= 98%: 100% • <i>Rate</i> < 98% and >= 95%: 50% KDHE will assess measure each quarter. Measure value will be 1.785% per quarter (7.14% / 4 quarters)
Service payments matched to / validated by encounter record	Encounter Data	7.14%	<ul style="list-style-type: none"> • <i>Rate</i> >= 98%: 100% • <i>Rate</i> < 98% and >= 95%: 50% KDHE will assess measure each quarter. Measure value will be 1.785% per quarter (7.14% / 4 quarters)