

Buying Value Benchmark Repository Measure Submission Survey

Updated 5-29-2020

Link to Online Survey: <https://www.surveygizmo.com/s3/4320821/Buying-Value-Benchmark-Repository>

Introduction

The *Buying Value Repository Measure Submission Survey* enables state purchasers and regional health improvement collaboratives to submit measures for inclusion in the *Buying Value Benchmark Repository Spreadsheet*. It is intended as a resource for states and regional health collaboratives to use for benchmarking purposes, although states and regional health improvement collaboratives do not need to have performance data available to submit measures to the repository. States and regional health collaboratives may also find the repository useful for measure selection.

The data you submit will be uploaded to the *Buying Value Benchmark Repository Spreadsheet*, an Excel-based tool for use by states and regional health improvement collaboratives. The following measures are included in the Repository:

1. Homegrown measures and
2. Non-HEDIS measures that are *not* homegrown and for which benchmark data (e.g., through the CDC or CMS) are not available (e.g., the “Tobacco Use: Screening and Cessation Intervention” measure from CMS).

While there is a quality control process in place before a measure is included in the tool, the administrators will not proof each entry to ensure that data were collected or analyzed in alignment with any regional, state, or national guidelines.

Section 1: Basic Information about the Measure

1. What is the measure name?
2. NQF endorsement
 - a. *Does the measure have an NQF number?*
 - i. Yes
 - ii. No
 - b. *If yes, what is the measure's NQF number?*
3. Who is the measure steward?
 - a. CMS
 - b. NCQA
 - c. The Joint Commission
 - d. Other

4. With what data did you calculate this measure?
 - a. Claims data
 - b. Clinical data
 - c. Claims and clinical data
 - d. Survey data
 - e. Other

Section 2: Measure Specifications

5. Measure specification deviations
 - a. Do the measure specifications deviate from those of the measure steward? (Note: this does not include adapting a plan-focused HEDIS measure to allow for reporting at the practice level.)
 - i. Yes
 - ii. No
 - iii. Not applicable – measure is homegrown
 - b. If no, please indicate which release year of the measure specifications you are using. (Note: please include both the year in which the specifications were posted as well as the performance year to which the specifications refer. For example, HEDIS 2020 specifications are for performance year 2019.)
 - c. If yes, please explain how your specifications deviate from those of the measure steward.
 - d. If yes or not applicable, are the specifications you use posted online?
 - i. If yes, please provide the link to the website where you post the specifications for this measure.

6. If answer to #5d is “no,” please upload the specifications for this measure.

Please include the following information when you upload your specifications:

- Measure name:
- Location of use (state or region):
- Date of use:
- Name and date of specifications used before modification (if not entirely homegrown):
- URL of specifications (if applicable):
- Data source:
- Description:
 - Denominator statement:
 - Denominator criteria/coding options:
 - Denominator notes:
 - Required denominator exclusions:
 - Deviations from cited specifications for denominator:
- Numerator statement:
 - Numerator criteria/coding options:
 - Numerator notes:
 - Required numerator exclusions:
 - Deviations from cited specifications for numerator:
- Additional exclusions:

7. Calculation of risk-adjustment
 - a. Do you apply risk adjustment to the calculation of the measure?
 - i. Yes
 - ii. No
 - b. If yes, do you use a clinical risk grouper?
 - i. Yes
 - ii. No
 - c. If yes, which one?
 - d. If no, how do you risk adjust?
 - i. Age and/or sex
 - ii. Other

Section 3: How the Measure is Applied

8. What is the coverage type for this measure? (*options below are not mutually exclusive*)
 - a. Medicaid
 - b. Medicare
 - c. Commercial
 - d. Dual Medicaid/Medicare
 - e. Other
9. At what performance level are you including a rate for the repository?
 - a. State
 - b. Aggregated rate for health plans
 - i. Are the data that you are collecting for all health plans in the state or for a sub-population?
 - ii. If for a sub-population, please describe the sub-population for which you are collecting data for this measure.
 - c. Aggregated rate for ACOs
 - i. Are the data that you are collecting for all ACOs in the state or for a sub-population?
 - ii. If for a sub-population, please describe the sub-population for which you are collecting data for this measure.
 - d. Aggregated rate for providers (e.g., primary care practices, hospitals)
 - i. Are the data that you are collecting for all providers in the state or for a sub-population?
 - ii. If for a sub-population, please describe the sub-population for which you are collecting data for this measure.
 - e. Other
10. How is the measure primarily used? (*options below are not mutually exclusive*)
 - a. Payment (financial incentive or disincentive)
 - b. Contractual performance monitoring without financial implications
 - c. Public reporting
 - d. Quality improvement
 - i. Please explain.
 - e. Other

Section 4: Measure Performance

11. Do you have available performance data to upload for this measure at this time?
- a. *If yes, go to question #13 below.*
 - b. *If no, by when do you expect to have data available to upload to the repository?*
12. What is your performance for this measure? *(Note: the performance period is related to dates of service.)*
- a. Performance Period Start Date
 - b. Performance Period End Date
 - c. Numerator
 - d. Denominator
13. Do you have data for this measure from any additional performance periods that you wish to share?
- a. Yes
 - b. No
14. If yes, what is your performance for this measure? *(Note: the performance period is related to dates of service.)*
- a. Performance Period Start Date
 - b. Performance Period End Date
 - c. Numerator
 - d. Denominator
15. Do you have data for this measure from any additional performance periods that you wish to share?
- a. Yes
 - b. No
16. If yes, what is your performance for this measure? *(Note: the performance period is related to dates of service.)*
- a. Performance Period Start Date
 - b. Performance Period End Date
 - c. Numerator
 - d. Denominator

Section 5: Contact Information

17. Please provide contact information for an individual who can answer technical questions about the measure's specifications.
- a. First Name
 - b. Last Name
 - c. Title
 - d. Organization Name
 - e. State
 - f. Email Address
 - g. Telephone Number

18. Please provide contact information for an individual who can answer questions about the policy application of the measure (if different from above).
- a. First Name
 - b. Last Name
 - c. Title
 - d. Organization Name
 - e. State
 - f. Email Address
 - g. Telephone Number
19. Is it okay if we share your contact information with other states and/or regional health improvement collaboratives for any follow-up questions?
- a. Yes, it is okay to share with others.
 - b. No, I do not want anyone to contact me.
 - c. Other

Section 6: Survey Feedback

20. Please let us know if you have any comments or questions for us.