# IT- IT-5.1.b: Improved Cost Savings: Demonstrate cost savings in care delivery - Cost Minimization Analysis (Cost Minimization Analysis)

| **Measure Title** | **IT-5.1.b Improved Cost Savings: Demonstrate Cost Savings In Care Delivery - Cost Minimization Analysis** |
| --- | --- |
| **Description** | CMA is a simple type of pharmacoeconomic analysis because the focus is on measuring the costs of alternative interventions that are assumed to produce equivalent outcomes. This method has limited use because it can only compare alternatives with the same outcomes |
| **NQF Number** | Not applicable |
| **Measure Steward** | National Institutes of Health (NIH); Centers for Disease Control and Prevention (CDC) |
| **Link to measure citation** | [http://www.nlm.nih.gov/nichsr/hta101/ta10107.html](http://www.nlm.nih.gov/nichsr/hta101/ta10106.html)  |
| **Measure type** | SA for project area 2.5NSA for all other project areas |
| **Performance and Achievement Type**  | Pay for Performance (P4P) – Improvement Over Self (IOS): Prior Authorization

|  |  |  |
| --- | --- | --- |
|  | DY4 | DY5 |
| Achievement Level Calculation | Baseline - 5% \*(performance gap)=Baseline - 5% \*(0% – Baseline rate) | Baseline - 10% \*(performance gap)=Baseline - 10% \*(0% – Baseline rate) |

 |
| **DSRIP-specific modifications to Measure Steward’s specification** | None |
| **Denominator Description**  | None |
| **Denominator Inclusions** | None |
| **Denominator Exclusions** | None |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
 |
| **Numerator Description**  | Formula: CMA = Total Cost of Care for Standard Intervention – Total Cost of Care for Alternative Intervention |
| **Numerator Inclusions** | *Where* Cost = Direct Cost + Pharmacy Cost + Facility CostNote: All costs of care associated with a particular intervention must be included  |
| **Numerator Exclusions** | None |
| **Setting** | Multiple |
| **Data Source** | EHR |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |