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

| **Measure Title** | **IT-5.1.e Improved Cost Savings: Demonstrate cost savings in care delivery - Cost Benefit Analysis** |
| --- | --- |
| **Description** | Cost Benefit Analysis (CBA) is a systematic analysis of one or more methods or programs (interventions) for achieving a given objective and measures both benefits and costs in monetary units  Note: Provider will select one formula to use for reporting purposes. Providers cannot change formulas during the subsequent reporting periods. |
| **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> |
| **Measure type** | SA for project area 2.5  NSA 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** | **Formula 1: Cost Benefit Ratio Approach**  Cost Benefit Ratio Approach Denominator: $BenefitInt - $BenefitComp  Abbreviations: Int: Intervention; Comp: Comparator  **Formula 2: Cost Benefit, Net Benefit Approach**  Net Benefit Approach is not reported as a ratio, so there is no applicable denominator |
| **Denominator Inclusions** | None |
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| **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 380, 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 1: Cost Benefit Ratio Approach**  Cost Benefit Ratio Approach Numerator:  $CostInt - $CostComp  Abbreviations: Int: Intervention; Comp: Comparator  OR  **Formula 2: Cost-Benefit, Net Benefit Approach**  Cost-Benefit, Net Benefit Approach:  CB Net = ($CostInt - $CostComp) – ($BenefitInt - $BenefitComp) |
| **Numerator Inclusions** | None |
| **Numerator Exclusions** | None |
| **Setting** | Multiple |
| **Data Source** | Administrative and Clinical Data |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |