

Blackstone Valley Community Health Care's comments on the Quality Framework are as follows:

#### **D. Quality Score determination Part 1**

- We are concerned that the AE's and MCO will be determining the weights for each of the measures. Different weights invariably lead to an uneven playing field. The 10 slate measures should have equal weights, with the measures themselves being vigilantly chosen to reflect performance across the organization in accordance to Section B on page 1.
- If AEs wish to retain some authority, only the menu measure weights should be negotiable since AEs are likely to select measures in which they can perform well. This will mitigate the effect of difficult state measures for more specialized AEs and encourage better overall care rather than cherry-picking weights for mathematical advantage.
- We think more detail is needed to determine the MCO average score. If an AE works with more than one ACO, they could have three different baselines for the same measure. That will make it difficult to manage with the staff. One goal is preferable.

#### **Quality Score determination Part 2**

- We are concerned with the model if the MCO score approaches 95%. The model needs to be attainable. The Adult BMI Assessment is an example of the measure that may be impacted. It is the easiest of all the measures; a 99.5% score is not unrealistic.
- One suggestion is to add an optional Tier 3 condition whereby any AE performing at or above a 95% level in the one-, two-, and three-year look backs for a measure, regardless of MCO performance, defaults to a Tier 3 score.
- Additionally, we feel the quality multiplier in the TCOC should be 1.2 rather than 1.0. This is intended to offset the 60/40 bias in favor of the MCOs as the shared savings model is currently understood. Setting the maximum quality multiplier at 1.2 provides the opportunity for the shared savings split to be a maximum (from the AE perspective) of 52/48. Outstanding quality will provide cost savings in many future years and it can't only benefit the MCO.

#### **Proposed Medicaid Accountable Entity Measure Slate**

- As was discussed at the recent public meeting to discuss the framework, Follow-up after Hospitalization for Mental Illness is very difficult to track given the current sharing of information. Until the system of sharing is improved, this measure is unrealistic to expect. Other behavioral health HEDIS measures such as ADHD follow-up care or adherence to antipsychotic medications would be easier to follow up on.
- We would like more information on the Social Determinant of Health and the potential patient risk assessment. All AE should be collecting uniform information so the quality scores are meaningful. Information needed includes acceptable screening tools, screening frequency, possible exclusions, etc.