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## EOHHS Total Cost of Care Guidance

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### Addendum: Quality Framework and Methodology for Comprehensive and Specialized LTSS Accountable Entities

*Revised draft for distribution, August 28, 2017*

#### A. Principles and Quality Framework

A fundamental element of the EOHHS Accountable Entity (AE) program, and specifically the transition to alternative payment models, is a focus on quality and outcomes. Measuring and rewarding quality as part of a value based model is critical to ensuring that quality is maintained and/or improved while cost efficiency is increased. As such, the payment model must be designed to both recognize and reward historically high quality AEs while also creating meaningful opportunities and rewards for quality improvement. This model must be measurable, transparent and consistent, such that participants and stakeholders can view and recognize meaningful improvements in quality as this program unfolds.

As a starting point, the Year 1 guidance described below is intended to provide an interim structure that permits baseline measurement and assessment, while allowing for future refinements that continuously “raise the bar” toward critical improvements in quality and outcomes.

#### B. Shared Savings Opportunity

Medicaid AEs are eligible to share in earned savings based on a quality multiplier to be determined as follows:

- The AE must meet the established total cost of care (TCOC) threshold as determined using the EOHHS approved TCOC methodology to be eligible for shared savings.
- The quality measures included as part of the minimum required set of Medicaid Accountable Entity Common Measure Slate (including up to 2 additional menu measures for comprehensive AEs) will be used to determine a quality score for each AE.
- For comprehensive AEs, AEs will be allowed to generate clinical data-based measures for their entire Medicaid AE population, rather than being required to do so for each MCO.
- For specialized LTSS AEs, measures must be generated for an AE’s entire Medicaid attributed population, including MCO-enrolled and not enrolled beneficiaries.
- The quality score will be used as a multiplier to determine the percentage of the shared savings pool the AE is eligible to receive.

#### C. Medicaid AE Common Measure Slate for Comprehensive AEs

For comprehensive AEs, EOHHS requires the use of the measures included in the Medicaid Comprehensive AE Common Measure Slate (see below). In addition to the 10 required core measures, each MCO and AE must also include up to an additional two measures as follows:

- One (optional) measure: must be identified by the MCO and AE from the RI State Innovation Model (SIM) menu measure set and/or Medicaid Child and/or Adult Core Set.
- One (mandatory) measure: must be a self-assessment/rating of health status (e.g., Institute for Healthcare Improvement). This measure is to be defined and submitted to EOHHS for approval.
- Upcoming measure: EOHHS may define an additional member retention measure for piloting in Year 1, and full implementation beginning in Year 2.

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The Common Measure Slate for comprehensive AEs has been developed with the following considerations:

- Alignment with the RI SIM core measure set.
- Cross cutting measures across multiple domains with a focus on clinical/chronic care, behavioral health, and social determinants of health.
- Feasibility of data collection and measurement and minimization of administrative burden.
- A minimum number of measures necessary to enable a concentrated effort and meaningful assessment of quality.
- Focus on statewide strategic priorities outlined by EOHHS, RI Department of Health, RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, and the Office of the Health Insurance Commissioner.

## D. Comprehensive AE Quality Score Determination

### Part 1: Relative Weight of Individual Measures for Comprehensive AEs

The Quality Score is to be developed based on assigning a weight to each individual measure. For each measure included in the Measure Slate, the AE will receive two scores:

- A “Measure Score” according to the criteria specified below in Section E Part 2.
- A Reporting Score: A pass/fail score (either 100% or 0%), based on timely submission of required data in accordance with agreed upon formats. There will be no partial credit for reporting.

The Measure Specific Quality Score must value the Measure Score and the Reporting Score each at fifty percent. The overall Quality Score must be a sum of the Measure Weights times the Measure Specific Quality Score for each measure.

*Example:*

List of Measures	Tiered Measure-Score (50/85/100%). Value= 50%	Reporting Score. Value = 50%	Measure specific Quality Score	Sample Weight*	Overall Quality Score
Measure 1	50%	100%	75%	20%	15.0%
Measure 2	85%	100%	93%	20%	18.5%
Measure 3	0%	0%	0%	20%	0.0%
Measure 4	100%	100%	100%	30%	30.0%
Measure 5	0%	100%	50%	10%	5.0%
<b>Overall Quality Score</b>					<b>69%</b>

\*To be determined in the contract between the MCO and the AE, with the exception of the SDOH measure (comprehensive AE measure #10), which must have a measure weight of at minimum 10% for comprehensive AEs.

### Part 2) Comprehensive AE Measure Specific Performance

Measure specific performance is intended to both reward historically high-quality providers and create opportunities for low performers to benefit from improvement. The first performance year will be used to establish a baseline threshold of performance, 50% of which will be reporting and 50% performance based.

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For each measure included in the Measure Slate, AE baseline performance shall be established relative to the MCO average, and the AE shall be assigned to a Performance Tier. AEs in each performance tier will either receive a “pass” or “fail” on each measure based on the criteria listed below. AEs who receive a passing score shall earn a corresponding Tiered Measure Score, depending on the Performance Tier. The criteria for the AE to “pass” on a measure differs according to the AE’s measure specific Performance Tier, as shown below.

## Comprehensive AE Measure Specific Performance Tiers

Performance Tier	Tiered Measure Score (Passing Score)	AE Performance Relative to MCO Performance on Measure	Criteria for AE to Receive Passing Score on Measure
<b>Tier 1 – Low</b>	50%	AE score is <b>more than 5 percentage points less</b> than MCO score ( <i>i.e., MCO score on a measure is 60%, AE score on measure is less than 55%</i> )	<b>Statistically Significant Improvement</b> AE must demonstrate statistically significant improvement ( $p < .05$ ) using a one-year lookback in Year 2, a two-year lookback in Year 3, and a three-year lookback thereafter
<b>Tier 2 – Medium</b>	85%	AE score is <b>within 5 percentage points</b> in either direction of the MCO score ( <i>i.e., MCO score on a measure is 60%, AE score is between 55% and 65%</i> )	<b>Maintain or Improve Quality</b> AE must either maintain or improve quality level using a one-year lookback in Year 2, a two-year lookback in Year 3, and a three-year lookback thereafter
<b>Tier 3 – High</b>	100%	AE score is <b>more than 5 percentage points above</b> MCO score ( <i>i.e., MCO score on a measure is 60%, AE score is over 65%</i> )	<b>Remain at Least 5% Above MCO Level</b> AE can maintain, improve or decline no less than 5% above the MCO quality level using a one-year lookback in Year 2, a two-year lookback in Year 3, and a three-year lookback thereafter

*Example: Comprehensive AE Measure 1. Breast Cancer Screening, MCO score = 55%*

AEs	Year 1 Score	Performance Tier	Year 2 Score	Result	Tiered Measure Score
AE 1	39%	1 – Low	39%	Fail	0%
AE 2	30%	1 – Low	35%	Pass	50%
AE 3	50%	2 – Med	48%	Fail	0%
AE 4	50%	2 – Med	50%	Pass	85%
AE 5	75%	3 – High	70%	Pass	100%

## Proposed Medicaid Comprehensive AE Common Measure Slate

Measure Name	NQF #	Measure Steward	Measure Domain	Measure Description	Age Cohort
1. Breast Cancer Screening	2372	HEDIS®	Preventive Care	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer	Adults

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## Proposed Medicaid Comprehensive AE Common Measure Slate

Measure Name	NQF #	Measure Steward	Measure Domain	Measure Description	Age Cohort
2. Weight Assessment & Counseling for Physical Activity, Nutrition for Children & Adolescents	0024	HEDIS®	Preventive Care	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/Gyn and who had evidence of the following during the measurement year: BMI percentile, Counseling for Physical Activity and Nutrition	Pediatric
3. Developmental Screening in the 1 <sup>st</sup> Three Years of Life	1448	OHSU	Preventive Care	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life; this is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age	Pediatric
4. Adult BMI Assessment	N/A	HEDIS®	Preventive Care	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement or the year prior to the measurement year	Adult
5. Tobacco Use: Screening and Cessation Intervention	0028	AMA-PCPI	Preventive Care	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Adult
6. Comp. Diabetes Care: HbA1c Control (<8.0%)	0575	HEDIS®	Chronic Illness	The percentage of members 18-75 years of age with diabetes (type 1 and 2) w/HbA1C control <8.0%	Adult

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## Proposed Medicaid Comprehensive AE Common Measure Slate

Measure Name	NQF #	Measure Steward	Measure Domain	Measure Description	Age Cohort
7. Controlling High Blood Pressure	0018	HEDIS®	Chronic Illness	The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based on the following criteria: <ul style="list-style-type: none"> <li>• 18-59 years of age whose BP was &lt;140/90 mm Hg</li> <li>• 60-85 years of age with a dx of diabetes whose BP was &lt;140/90 mm Hg</li> <li>• 60-85 years of age without a dx of diabetes whose BP was &lt;150/90 mm Hg</li> </ul>	Adult
8. Follow-up after Hospitalization for Mental Illness (7 Days)	0576	HEDIS®	Behavioral Health	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnosis and who had a follow-up visit with a mental health practitioner	Adult and Pediatric
9. Screening for Clinical Depression & Follow-up Plan	0418	CMS	Behavioral Health	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	Adult and Pediatric
10. Social Determinants of Health (SDOH) Screen	N/A	N/A	Social Determinants	% of members screened as defined per the SDOH elements in the Medicaid AE certification standards*	Adult and Pediatric

\* Section 5.2.2 of the AE Certification Standards requires that each AE:

*“Together with partner MCOs, develop, implement, and maintain procedures for completing an initial SDOH Care Needs Screening for Attributed Members based on a defined protocol.... The screening shall evaluate Attributed Members’ health-related social needs in order to determine the need for social service intervention. Such services shall include but not be limited to:*

- *Housing stabilization and support services;*
- *Housing search and placement;*
- *Food security;*
- *Support for Attributed Members who have experience of violence.*
- *Utility assistance;*
- *Physical activity and nutrition;...”*

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## Optional Menu Metrics for Comprehensive AEs

Select no more than 1 measure from the SIM Menu Measure Set and/or the Medicaid Child and/or Adult Core Quality Measure Set.



2017-child-core-set (1).pdf



2017-adult-core-set .pdf



Crosswalk of RI Aligned Measure Set

## E. Medicaid AE Common Measure Slate for Specialized LTSS AEs

For specialized LTSS AEs, EOHHS requires the use of all measures included in the Medicaid Specialized LTSS AE Common Measure Slate (see below). The Common Measure Slate for specialized LTSS AEs has been developed with the following considerations:

- Cross cutting measures across multiple domains with a focus on LTSS, healthy aging, behavioral health, and social determinants of health.
- Feasibility of data collection and measurement and minimization of administrative burden.
- A focused set of measures that will enable a concentrated effort and meaningful assessment of quality.
- Focus on statewide strategic priorities outlined by EOHHS and the RI Division of Elderly Affairs.

## F. Specialized LTSS AE Quality Score Determination

**Year 1:** Unlike the Comprehensive AEs, the SIM measure set does not specifically include a set of LTSS-related measures. As such, there is a strong emphasis on reporting and establishing baseline data for the measures in the first year of the specialized LTSS AE program. All measures must be reported using EOHHS measure specifications (to be released separately). For Year 1, all measures included in the Measure Slate will be assigned a weight and included in the Overall AE Quality Score for each AE. The Quality Weight will be determined in the contract between the MCO and AE. However, the minimum Quality Weight for the SDOH measure is 10%. Each measure will also be given a Reporting Score, which will be a pass/fail score (either 100% or 0%), based on timely submission of required data in accordance with agreed upon formats; there will be no partial credit for reporting. The Measure Specific Quality Score will be calculated as the product of the Quality Weight and the Reporting Score for the measure (i.e., Measure Specific Quality Score = Quality Weight x Reporting Score). The Overall AE Quality Score will be calculated as the sum of the Measure Specific Quality Scores for each measure.

*Example: Overall AE Quality Score Calculation for a Specialized LTSS AE in Year 1*

Measure	Quality Weight	Reporting Score	Quality Score
Measure 1	5%	100%	5%
Measure 2	15%	100%	15%
Measure 3	10%	100%	10%
Measure 4	10%	100%	10%
Measure 5	20%	0%	0%
Measure 6	5%	100%	5%
Measure 7 (SDOH Screening)	10%	100%	10%
Measure 8	5%	0%	0%
Measure 9	10%	100%	10%
Measure 10	10%	100%	10%
<b>Overall AE Quality Score</b>			<b>75%</b>

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**After Year 1:** After Year 1, the Quality Score Determination for specialized LTSS AEs will be designed to both reward high-quality providers and create opportunities for low performers to benefit from improvement. It will also shift the emphasis from reporting to performance. The guidance will be updated in the future to describe how the Overall AE Quality Score will be calculated. However, the approach will be aligned with the comprehensive AE approach to the extent feasible and practical.

## Proposed Medicaid Specialized LTSS AE Common Measure Slate

Measure Name	Preliminary Measure Description
1. Depression Screening and Follow-up	% of attributed population who were screened for clinical depression using a standardized tool, and received appropriate follow-up care within 30 days if positive
2. Falls with Major Injury	% of attributed population experiencing one or more falls with major injury
3. Advanced Care Planning	% of attributed population 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan
4. Discharge to the Community from Nursing Home	% of short-stay residents attributed to the AE who were successfully discharged to the community
5. ED Utilization	Rate of emergency department visits (that do not result in inpatient stays) among the attributed population
6. 30-Day All-Cause Readmission	% of acute inpatient stays among the attributed population that were followed by an unplanned acute readmission for any diagnosis within 30 days
7. Social Determinants of Health (SDOH) Screening	% of attributed population screened as defined per the SDOH elements in the Medicaid AE certification standards*
8. Patient/Client Satisfaction	Average patient/client satisfaction rating among the attributed population
9. Caregiver Support/ Caregiver Burden	To be determined
10. Social Isolation	To be determined

\*Section 5.2.2 of the AE Certification Standards requires that each AE:

*“Together with partner MCOs, develop, implement, and maintain procedures for completing an initial SDOH Care Needs Screening for Attributed Members based on a defined protocol.... The screening shall evaluate Attributed Members’ health-related social needs in order to determine the need for social service intervention. Such services shall include but not be limited to:*

- *Housing stabilization and support services;*
- *Housing search and placement;*
- *Food security;*
- *Support for Attributed Members who have experience of violence.*
- *Utility assistance;*
- *Physical activity and nutrition;...”*