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DOCUMENT HISTORY

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EOHHS Quality Assessment and Performance Improvement (QAPI)

This section defines the requirements for quality improvement for managed care plans contracted by EOHHS. EOHHS also reserves the right to update and/or change the QAPI program, measures and payment methodologies. Changes may also be made to the QAPI program due to a natural disaster, pandemic, or other unforeseen events.

I. Pay for Performance (P4P) Measures


The EOHHS selected ten (10) HEDIS 2021 Performance Measures as quality indicators for the MCO Pay for Performance (P4P) Program. EOHHS chose these indicators based on an analysis of past data indicating the need for improvement as well as the potential to improve patient outcomes in populations important to Rhode Island and that align to state and federal priorities. The ten (10) quality measures are:

1. Medication Management for People with Asthma (75% PDC)
2. Comprehensive Diabetes Care: Each of the three components will be weighted as one third (1/3) of the full measure. To meet the performance target for the full measure, at least 2 component's targets must be met.
 - HbA1c control (<8.0%)**
 - Eye exam (retinal) performed**
 - Kidney Health Evaluation for Patients with Diabetes (KED)
3. Controlling High Blood Pressure**
4. Breast Cancer Screening**
5. Cervical Cancer Screening
6. Follow-Up After Hospitalization for Mental Illness – 7 Days**
7. Adolescent Well-Care Visits
8. Combination measure that mirrors AE measure of Child & Adolescent Well-Care Visits (2 components: 3-11 years and total)**
9. Childhood Immunization Status – Combination 10
10. Prenatal and Postpartum Care Composite
 - Timeliness of Prenatal Care and Postpartum Care

NOTE: The measures marked with dual asterisks (**) indicate alignment to the Accountable Entity Total Cost of Care Requirements for PY4 (Program Year 4).

The MCO P4P Program measures benchmark performance. Individual measure benchmarks must be met to earn the withheld payment, as described below in Section II.

EOHHS will award benchmark performance payout amounts for each measure in Section I. This is defined as a specific percentage point improvement target over the MCO's prior year's results. For example, if the prior year's performance was 55% for a given measure, and the

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improvement target is 2.5 percentage points, the threshold for payout consideration will be 57.5%. EOHHS will distribute the payouts according to each MCO's performance on the P4P program measures.

II. Quality Withhold for Performance (P4P) Measures

The Quality withhold will be earned in year 1 of this agreement based on successfully reporting results for all the P4P (Section I) and Reporting-Only (See Section III) measures. The Quality withhold will be earned (fully or partially) in subsequent years (year 2 and beyond) based on the methodology described in this section.

The P4P Program measures will be weighted equally and payment for these measures will be earned based on the number of metrics achieved. The MCO must meet or achieve the performance target on at least 5 of the measures to earn any of the withheld funds.

Year 1 Withhold - The withhold amount as described below does not apply in year 1 of the contract. The year 1 withhold amount will be paid to the MCOs based on compliance with reporting measure results. The percentage of the withhold amount earned beginning in year 2 of the contract will be calculated as follows:

- Earn 25% of withhold by meeting 5 measure targets
- Earn 50% of withhold by meeting 6 measure targets
- Earn 75% of withhold by meeting 7 measure targets
- Earn 100% of withhold by meeting 8 (or more) measure targets


Note: Total of 10 measures (The Diabetes measure consists of 3 sub measures; meeting 2/3 gives credit for the full measure).

If EOHHS has a payment obligation to the MCO pursuant to the measures and performance requirements outlined in Sections I and II above.. If the MCO does not satisfy the P4P requirements, EOHHS will reduce the payment to the MCO by this amount.

Methodology for establishing measure targets is based on prior year performance. Targets will be reset annually based on prior year's performance.

Prior Year Performance	Incremental Percentage Point Improvement Required
< 50th HEDIS percentile	2.5%
50 - <75th HEDIS percentile	1.25%
75 - <90th HEDIS percentile	0.5%
90th HEDIS percentile	0%

III. Reportingly Only Measures

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The EOHHS selected four (4) HEDIS 2021 Performance Measures and five (5) non-HEDIS measures as quality indicators for reporting only. These measures are not part of the Quality Pay for Performance program, described in Section I and II. These measures will preserve performance and are required to be reported to EOHHS by the MCOs. Failure to report timely and accurate data will result in a corrective action plan and may escalate to liquidated damages. The nine (9) reporting only measures are:

HEDIS

1. Weight Assessment & Counseling for Children and Adolescents Composite
2. Ambulatory Care: Emergency Department
3. Inpatient Utilization – General Hospital/Acute Care
4. Lead Screening in Children

NON-HEDIS

5. Developmental Screening in the First Three Years of Life
6. Screening for Clinical Depression and Follow-up Plan
7. Tobacco use: Screening and Cessation Intervention
8. Social Determinants of Health (SDOH) Infrastructure Development
9. SDOH Screen

IV. Performance Improvement Plans


On an annual basis, the MCO will conduct not less than four (4) performance improvement projects (PIPs) that focus on both clinical and non-clinical areas. EOHHS may require the MCO to perform up to two (2) additional projects for a maximum of six (6) projects.

EOHHS, in consultation with CMS and other stakeholders, may require specific performance measures and PIP topics. The MCO shall report the status and results of each PIP. If CMS specifies a PIP, the MCO shall participate, and this shall count toward the state-approved projects.

Clinical PIPs include projects focusing on prevention and care of acute and chronic conditions, high-volume services, high risk services, healthcare (REL) disparities and continuity and coordination of care. Non-clinical PIPs include projects focusing on availability, accessibility, interpersonal aspects of care, appeals and grievances and other opportunities for improvement.

The focus areas may be established by EOHHS, however, for contract-initiated PIPs, the MCO shall submit in writing a PIP proposal to EOHHS. The MCO shall ensure that CMS protocols for PIPs are followed and that all steps outlined in the CMS protocols for performance improvement projects are documented.

The MCO shall, in collaboration with EOHHS, identify benchmarks and set achievable performance goals for each of its PIPs. The MCO shall identify and implement intervention

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and improvement strategies for achieving the performance goal set for each PIP to promote sustained improvements.

Each PIP must be designed to achieve significant, measurable improvement, sustained over time, in health outcomes and enrollee satisfaction, must be completed in a reasonable time period to allow information on the success of performance improvement projects in the aggregate to produce new information on quality of care every year. Each PIP must include the following elements:

- Measurement of performance using objective quality indicators;
- Identification of benchmarks and setting achievable performance goals for each of the PIPS;
- Identification and implementation of interventions for achieving the performance goals set for each PIP and promoting sustained improvements;
- Evaluation of the effectiveness of the interventions based on the objective quality indicators identified; and,
- Planning and initiation of activities for increasing or sustaining improvement.

The results of each PIP must be able to be validated.


The MCO will report the status and results of each PIP to EOHHS or its designees, as requested, but at least within thirty (30) days following presentation to the MCO's QM/QI Committee.

Each project shall be completed in a reasonable time period to allow information on the success of PIPs in the aggregate to produce new information on quality of care every year.

V. Reporting

In accordance with the standards, reporting formats and timetables established by EOHHS, as set forth in the EOHHS Reporting Requirements. The MCO will measure and at least annually report its performance on:

1. EOHHS specified quality measures;
2. EOHHS specified measures associated with the EOHHS Pay for Performance Program;
3. CMS specified quality measures;
4. HEDIS measures that support the EOHHS Comprehensive Quality Strategy;
5. Health disparity results including the methodology utilized to collect this data;
6. CAHPS results;
7. PIP results;
8. Recommended new and/or improved QI activities; and,

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9. Results of the evaluation of the impact and effectiveness of the MCO's Quality Program.

EOHHS reserves the right to request additional reports as deemed necessary. EOHHS will notify the MCO of additional required reports no less than thirty (30) calendar days prior to the due date of those reports.

The MCO shall provide data reports, including, but not limited to, ad-hoc reports and reports for special populations to EOHHS using the specifications and format approved by EOHHS and required in the EOHHS Reporting Calendar. The MCO shall submit the reports based on the agreed upon dates established by the MCO and EOHHS if not provided in the Reporting Calendar.

Reporting accuracy, completeness, and timeliness]. Performance measures reported by the MCO to EOHHS will be accurate, complete, and timely. All reporting requirements must follow the EOHHS Reporting Requirements. Failure to report performance measures that are accurate, complete, and timely will result in the imposition of a corrective action plan. The failure to take corrective action, may result in further sanctions including liquidated damages as set forth in agreement.

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