

OHHS Total Cost of Care (TCOC) Guidance

Addendum: Quality Framework and Methodology

Overview and Considerations

August 21, 2017

Principles and Quality Framework

- ❖ Measuring and rewarding quality as part of a value based model is critical to ensuring that quality is maintained and/or improved while increasing cost efficiencies.
- ❖ The payment model must be designed to both recognize and reward historically **high quality** Accountable Entities AND create 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.
- ❖ Year 1 Interim Structure established

Common Measure Slate Considerations

- ❖ **Alignment**
with the RI State Innovation Model (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 reward
- ❖ **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

Common Measure Slate

- ❖ **10 required core measures**
based on SIM ACO core measure set (see document)

- ❖ **Note New Measure: SDOH Screen**
% of members screened as defined per the SDOH elements in the Medicaid AE certification standards*

- ❖ **Up to additional two measures**
 - +1 mandatory measure (self assessment/rating of health status (e.g. IHI)
 - optional measure from the SIM menu measure set and/or the Medicaid Child and/or Adult Core measure set.

- ❖ **EOHHS may define a retention measure**
for pilot in Year 1 and implementation in Year 2.

. 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;...”*

Common Measure Slate

Measure Name	Measure Description
1. Breast Cancer Screening	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
2. Weight Assessment & Counseling for Physical Activity, Nutrition for Children & Adolescents	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.
3. Developmental Screening in the 1st Three Years of Life	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
4. Adult BMI Assessment	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.
5. Tobacco Use: Screening and Cessation Intervention	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
6. Comp. Diabetes Care: HbA1c Control (<8.0%)	The percentage of members 18-75 years of age with diabetes (type 1 and 2) w/HbA1C control <8.0%.
7. Controlling High Blood Pressure	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"> • 18-59 years of age-BP was <140/90 mmHg • 60-85 years of age-w/ a dx of diabetes whose BP was <150/90 mmHg • 60-85 years of age-w/ a dx of diabetes who BP was <150/90 mmHg
8. Follow-up after Hospitalization for Mental Illness (7 Days)	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.
9. Screening for Clinical Depression & Follow-up Plan	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented
10. Social Determinants of Health (SDOH) Screen	% of members screened as defined per the SDOH elements in the Medicaid AE certification standards*

Shared Savings Opportunity and Quality Multiplier

- ❖ The AE must meet the total cost of care benchmark to be eligible for shared savings.
- ❖ The quality measure slate will be used to determine the AE's quality score.
- ❖ The quality score will then be used as a multiplier to determine the % of shared savings the AE has earned.
- ❖ AEs will be allowed to aggregate clinical/EHR based metrics for their entire Medicaid AE populations rather than be required to do so for each MCO.
- ❖ This first performance year will be used to establish baseline performance:
 - ❖ 50% of which will be reporting based
 - ❖ 50% of which will be performance based

Part 1: Relative Weight of Individual Measures

- ❖ The **Measure Specific Quality Score** values the Measure Score and the Reporting Score each at fifty percent.
- ❖ The **Overall Quality Score** sum of the Measure Weights times the Measure Specific Quality Score for each measure.

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%
Overall Quality Score					69%

* Measure Weights

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

Part 2: Measure Specific Performance: Tiered Measure Score

Measure specific performance is intended to both reward historically high-quality providers and create opportunities for low performers to benefit from improvement.

❖ Performance Tier

For each measure, AE baseline performance shall be established relative to the MCO average, and the AE shall be assigned to a Performance Tier.

- Tier 1: Low
AE score is **more than 5 percentage points less** than MCO score
- Tier 2: Medium
AE score is **within 5 percentage points** in either direction of the MCO score
- Tier 3: High
AE score is **more than 5 percentage points above** MCO score

❖ Tiered Measure Score

AEs in each performance tier shall earn a corresponding Tiered Measure Score. The criteria for the AE to “pass” on a measure differs according to the AE’s measure specific Performance Tier, as shown below.

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
Tier 1 – Low	50%	AE score is more than 5 percentage points less than MCO score <i>(i.e. MCO score on a measure is 60%, AE score on measure is less than 55%)</i>	Statistically Significant Improvement* AE must show statistically significant improvement using a one-year lookback in Year 2, a two-year lookback in Year 3, and a three-year lookback thereafter
Tier 2 – Medium	85%	AE score is within 5 percentage points 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>	Maintain or Improve Quality 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
Tier 3 – High	100%	AE score is more than 5 percentage points above MCO score <i>(i.e. MCO score on a measure is 60%, AE score is over 65%)</i>	Remain at least 5% above MCO Level AE can maintain, improve or decline to 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

Examples

Breast Cancer Screening, MCO score is 55%

Example 1: AE score is 39%, no change from previous year and more than 5% less than MCO score

Year 1 Score	Performance Tier	Year 2 Score	Result	Tiered Measure Score
39%	1 – Low	39%	Fail	0%

Example 2: AE score is 39%, a nine point increase from previous year, but is still below the MCO score

Year 1 Score	Performance Tier	Year 2 Score	Result	Tiered Measure Score
30%	1 – Low	39%	Pass	50%

Example 3: AE score did not change from previous year but remains within 5% points of MCO score

Year 1 Score	Performance Tier	Year 2 Score	Result	Tiered Measure Score
50%	2-Med	50%	Pass	85%

Example 4: AE score decreased by 5% points, but is still 5% above the MCO score

Year 1 Score	Performance Tier	Year 2 Score	Result	Tiered Measure Score
75%	3-High	70%	Pass	100%