

VT Health Care Innovation Project
Quality and Performance Measures Work Group Meeting Agenda
March 16, 2015; 9:00 AM to 11:00 AM
DVHA Large Conference Room, 312 Hurricane Lane, Williston, VT
Call-In Number: 1-877-273-4202 Passcode: 420323867

Item #	Time Frame	Topic	Relevant Attachments	Decision Needed?
1	9:00-9:05	Welcome and Introductions; Approval of Minutes	Attachment 1: February QPM Minutes	YES – Approval
2	9:05-9:15	Updates <ul style="list-style-type: none"> • Gate and Ladder for Year 2 ACO Payment Measures • Status of Year 1 ACO SSP Data Collection Public Comment		
3	9:15-9:30	QPM Work Group 2015 Work Plan Public Comment	Attachment 3: QPM Work Plan	
4	9:30-10:15	Year 3 ACO Shared Savings Program Measures Public Comment	Attachment 4: Summary of Measure Changes (will be distributed when available)	
5	10:15-10:45	Review of Template for Year 1 Measure Results Public Comment	Attachment 5a: Template for Core Measures Attachment 5b: Template for Monitoring and Evaluation Measures	
6	10:50-11:00	Wrap-Up and Next Steps Next Meeting (note date change): April 13, 2015; 9:00-11:00; 4th Floor Pavilion Conference Room, Montpelier, VT		

Attachment 1



Vermont Health Care Innovation Project
Quality and Performance Measures Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Monday, February 23, 2015, EXE - 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions Approval of December minutes	<p>Laura Pelosi called the meeting to order at 9:00 am. A roll call attendance was taken and a quorum was present.</p> <p>Joyce Gallimore moved to approve the minutes; the motion was seconded by Sue Aranoff. The motion passed with two abstentions.</p>	
2. Updates: - Gate and Ladders - Work Plans	<p>1.) Alicia Cooper provided an update on the proposed Gate and Ladder (G&L) methodology changes from the Payment Models work group – the Payment Models work group has met to hear about the G&L proposal – the group has not voted yet but may vote at its meeting today. They hope to report the outcome of the Payment Models Work Group vote at next meeting.</p> <p>2.) Georgia provided an update on the Year 2 Work Plans. All work plans for VHCIP work groups are reaching final form. A draft work plan for QPM will be available for work group review at an upcoming meeting.</p>	
3. Status of Year 1 SSP data collection	<p>An update was provided by Alicia Cooper and Pat Jones on collection of claims-based and clinical measures, and the patience experience survey:</p> <p>For claims-based measures, staff from GMCB and DVHA are working closely with Lewin Group to generate preliminary reports for the first performance year. Through this process, we are learning about working with the data and measure specifications to ensure that calculations will be accurate prior to the final calculation of Year One performance. Many claims-based measures are payment measures – one item of note is that commercial data in particular is revealing small numbers because some claims-based measures require a 12 month look-back period, many beneficiaries didn't sign up on the commercial exchange until January 2014 or later, and BCBSVT can't provide historical data. As a result, the number of eligible commercial beneficiaries for some measures is lower than expected. In performance Years Two and Three, this will be less of an issue. Medicaid has historical data, so low numbers aren't as much of an issue for the first performance year.</p>	

Agenda Item	Discussion	Next Steps
	<p>With respect to the clinical reporting measures, the data collection is complicated and is currently underway. The ACOs and their practices who are working to pull this data were recognized for their efforts.</p> <p>Discussion of potential hiatus on commercial SSP measure changes: the Green Mountain Care Board (GMCB) will be discussing this topic at a meeting in the near future.</p> <p>The fielding of the Patient Experience survey (CAHPS® PCMH) is going well. The state is sponsoring this survey, and it is occurring at the practice level to allow practices to use it for NCQA PCMH scoring purposes. ACO-attributed respondents will be flagged so that the survey results can also be used to evaluate patient experience with ACOs. About 90 practices have participated thus far.</p> <p>We won't have 12 months of data for the performance measures for several more months; 6 and 9 month data is not an accurate representation of performance. The timeline indicates that Year One results will be available in August, as our standards require a 6-month data run-out for the claims-based measures.</p>	
<p>4. Incorporation of ACO SSP Measures into Practice and Health Service Area Quality Profiles - Dr. Craig Jones</p>	<p>Dr. Jones reviewed the slides that are included in the meeting materials (Linked here). Following are discussion highlights related to the slides:</p> <ul style="list-style-type: none"> - The ACO measures are being used in Vermont's learning health system, to integrate regional efforts with ACOs and emphasize a community health system approach. - ACO structures and participation are strengthening the community health system models. - The "ground game" is to encourage all the community partners to work together, using the standard measures to help focus their work. - A key infrastructure development activity is to form regional "unified community collaboratives (UCCs)" to discuss measure results and use them to focus clinical and quality improvement activities. - A variety of participants would constitute the regional UCC Leadership Teams (including pediatrics, AAAs, DAs and others) to work with larger groups of participants; leadership teams are envisioned to include 11 or 12 members. - One goal is to take advantage of centralized data systems to combine performance reporting and fuel UCC activities, aspiring to have clinical, claims and CAHPS survey data all collected centrally to reduce the resources needed to collect such data (e.g., chart reviews). SIM provides an opportunity for alignment. - Once the data is centralized, we could then move to a centralized measurement environment. Data quality efforts need to occur at the front end at the practices. The challenge is to do this in an automated way as opposed to the manual efforts being undertaken now. This includes hands-on assistance to practices so that quality data can be collected and submitted systematically or in an automated way. - Most practices are in one or more ACOs. For those that aren't, there is still an incentive to improve quality measure results because the proposed enhanced Blueprint PCMH payment model includes incentives 	

Agenda Item	Discussion	Next Steps
	<p>based on health service area outcomes for those measures.</p> <ul style="list-style-type: none"> - Is Blueprint collecting “Lessons Learned” throughout this process? Not yet, but all of the data is now collected and compiling “Lessons Learned” would be a good idea. - Individual measures were reviewed and there was a discussion of the challenges in improving these measures and using the UCC model for quality improvement. It will take a community-wide effort to address all of the factors that impact these measures. - Discussion of who is being measured – attribution is based on where people get their primary care and aggregated to the hospital service area. - The numbers breakdown reveals areas of opportunity and potential outreach. An example is seen with the diabetes results: The data show that approximately 500 Vermonters whose A1C levels are not well controlled have increased costs compared to those whose A1C levels are under control. This is a perfect opportunity for direct outreach to those individuals for more coordinated and targeted care. - CMS recently released a report on the Multi-Payer Advanced Primary Care Practice demonstration states (the Blueprint is part of that demonstration) – that report is linked here. - IOM is working to produce a set of core measures for the entire country – they will represent the spectrum of the human condition. This set should be coming out by Spring/Summer. - The data is available by ACO. - Final thought: The measures can come alive by being used for quality improvement and are coordination outreach. 	
<p>5. Year 3 ACO Shared Savings Program Measures Update</p>	<p>Michael Bailit, Alicia and Pat provided an update on Year 3 ACO SSP Measures</p> <p>Although there is some uncertainty as to whether the GMCB will recommend a hiatus in changes to Year 3 commercial measures, there are still activities in which to engage, including:</p> <ol style="list-style-type: none"> 1) Looking at recent and proposed changes to measures – i.e. proposed changes to the HEDIS measures. 2) Considering any recent changes in clinical guidelines that impact the measures. 3) Reviewing Medicare SSP measure changes; we have been trying to align with these where appropriate. <p>The potential hiatus relates to the Commercial measures; we may separately consider the Medicaid measures. We will likely wish to align them as much as possible unless there is a measure that impacts one population and not the other. Medicaid is waiting for the GMCB discussion before making any decisions about how to proceed with Year 3 measures.</p> <p>What if the Medicaid SSP “Total Cost of Care” expands to include services not currently covered in our measure set? Research is underway related to what types of services will be included in that expansion and what accompanying measures may be appropriate. Thus far, it’s an internal discussion within Medicaid, but regular updates will be provided to the Payment Models work group and this work group over the next year.</p>	

Agenda Item	Discussion	Next Steps
	<p>The delay in discussing the GMCB’s proposed hiatus has been frustrating to some members of the group. The Work Group will be notified of the timing of any GMCB discussion.</p>	
<p>6. Episodes of Care</p>	<p>Alicia Cooper presented; her comments were accompanied by slides that are included in the materials for this meeting.</p> <p>Where appropriate, input from other groups will be sought regarding this emerging model.</p> <p>The plan is to develop recommendations around episodes of care that will be of interest to providers and other stakeholders; going forward the sub-group will request support for analytics and to develop an RFP for vendor support.</p> <p>While episodes of care will not necessarily be used as the basis for developing a new payment model at this time, this work will support and inform the review and consideration of new models in the future.</p>	
<p>7. Next Steps, Wrap Up and Future Meeting Schedule</p>	<p>Next Meeting: March 16, 2015 – 9:00 to 11:00 AM DVHA Large Conference Room, 312 Hurricane Lane, Williston</p>	

Attachment 3

Vermont Health Care Innovation Project
Year 2 Quality and Performance Measurement Work Group Workplan
3/6/2015



	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
Measure Set Development and Implementation								
1	For all measure sets, identify implementation needs (e.g., learning collaboratives, electronic and other information, provider engagement) and potential resources to meet those needs.	Review measure sets to identify implementation needs, and identify mechanisms and resources to meet implementation needs.	Initial presentation on HIE Gap Analysis: November 2014; semi-annual updates	Staff; co-chairs; sub-group; work group members; consultant.	Coordinate on relevant projects (HIE/HIT Work Group).		<ul style="list-style-type: none"> HIE Gap Analysis presented. Scheduling semi-annual updates from HIE/HIT Work Group. 	Work Group is informed of progress in HIE as it pertains to electronic capture of clinical data elements for performance measures.
2		Collaborate with HIE/HIT Work Group to leverage existing technologies to analyze data quality and recommend improvements in its exchange and aggregation.	December 2015	Staff; consultant; co-chairs.			<ul style="list-style-type: none"> Proposed to HIE/HIT Work Group. 	
3	Evaluate alignment of performance measures between different measure sets.	Identify entities and programs that engage in quality and performance measurement.	June-September 2015	Consultant; staff; co-chairs; work group members; organizations engaged in performance measurement	Coordinate to identify and assess opportunities for alignment around quality and performance measurement (Blueprint staff, AHS agencies, Green Mountain Care Board, VITL).			Improved alignment of performance measures between different measure sets, where feasible.
4		Identify focus of these entities' and programs' work and related measures.		Consultant; staff; co-chairs; work group members.				
5		As requested by work group, ask selected entities to attend work group meetings to describe their activities in greater detail.		Consultant; staff; co-chairs; work group members.				
6		Develop and populate tool to assess degree of alignment and identify opportunities to improve alignment.		Consultant; staff; co-chairs; work group members.				
Support and Inform Implementation of Shared Savings Programs								
7	Review SSP Payment Measures targets and benchmarks and make Year 3 recommendations.	For each Payment Measure, consider whether the benchmark employed as the performance target should remain constant or change for the next pilot year.	October 2015-December 2015	Staff; co-chairs; work group members; consultant.	Obtain review (DLTSS and Population Health Work Groups) and review/approval (Payment Models Work Group).	Steering Committee	<ul style="list-style-type: none"> 	Recommendations to VHCIP Payment Models Work Group, Steering Committee, Core Team, GMCB, and DVHA.
8		Review and endorse DLTSS Work Group recommendations for process and methodology for DLTSS sub-analyses of Medicaid and Commercial ACO SSP quality and performance measures for Years 1-3.	March-April 2015	Work group members; staff; consultant; DLTSS Work Group; DVHA staff.				
9		Consider setting targets that increase incentives for quality improvement as appropriate.	October 2015-December 2015	Staff; co-chairs; work group members; consultant				
10		Review methodology to calculate points for Year 3 "Gate and Ladder" methodology.	October 2015-December 2015	Staff; co-chairs; work group members; consultant.				
11		Review methodology to assign scores based on points for Year 3 "Gate and Ladder" methodology.	October 2015-December 2015	Staff; co-chairs; work group members; consultant.				
12		Review methodology for creating Gates and Ladders for Year 3.	October 2015-December 2015	Staff; co-chairs; work group members; consultant.				

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
13	Review SSP reporting and dashboard formats from Analytics Contractor.	Review report format for M&E claims based measures (M&E 12-23).	April-June 2015	Staff; co-chairs; work group members; consultants.			<ul style="list-style-type: none"> Formats are under development. 	<ul style="list-style-type: none"> Work group members informed of and provide feedback on claims-based measure reporting formats. Final reporting formats. Report to Steering Committee and Core Team on progress.
14		Review report format for Payment and Reporting claims based measures (Core 1-13).	April-June 2015	Staff; co-chairs; work group members; consultants.				
15		Consider different reporting formats for different audiences (ACOs, providers, consumers).	April-June 2015	Staff; co-chairs; work group members; consultants.				
16	Review Year 2 SSP measures and make Year 3 recommendations.	Consider measure selection criteria and measure specifications.	TBD	Staff; co-chairs; work group members; consultant.	Obtain review from DLTS, Payment Models, and Population Health Work Groups.	Steering Committee	<ul style="list-style-type: none"> GMCB is planning to discuss hiatus for commercial measures; Medicaid measures TBD. 	Recommendations to VHCIP Steering Committee.
17		Develop recommendations for VHCIP Steering Committee, Core Team and GMCB.	TBD	Staff; co-chairs; work group members; consultant.				
18	Review reports on SSPs from Analytics Contractor.	Review report of all M&E measures (M&E 1-23, due August 29, 2015). Report of all Core measures (Core 1-29), due August 31, 2015.	September-October 2015	Staff; co-chairs; work group members; consultants	Obtain M&E and Core Measures reports (analytics contractor).			Work group members informed of Year 1 SSP performance.
Support and Inform Implementation of Other Potential Payment Models								
19	When requested by Payment Models Work Group, recommend measures for Episode of Care activities to Payment Models Work Group and VHCIP Steering Committee.	Identify measure selection criteria.	TBD	Staff; co-chairs; work group members; consultant.	Obtain review (DLTS and Population Health Work Groups) and review/approval (Payment Models Work Group).	Steering Committee		Recommendations to VHCIP Steering Committee.
20		Review potential measures.	TBD	Staff; co-chairs; work group members; consultant.				
21		Consider alignment with existing measure sets.	TBD	Staff; co-chairs; work group members; consultant.				
22		Recommend measure set to VHCIP Steering Committee.	TBD	Staff; co-chairs; work group members; consultant.				
23	When requested by Payment Models Work Group, recommend measures for Pay-for-Performance reforms to VHCIP Steering Committee.	Identify measure selection criteria.	TBD	Staff; co-chairs; work group members; consultant.	Obtain review (DLTS and Population Health Work Groups) and review/approval (Payment Models Work Group).	Steering Committee		Recommendations to VHCIP Steering Committee.
24		Review potential measures.	TBD	Staff; co-chairs; work group members; consultant.				
25		Consider alignment with existing measure sets.	TBD	Staff; co-chairs; work group members; consultant.				
26		Recommend measure set to VHCIP Steering Committee, Core Team, GMCB.	TBD	Staff; co-chairs; work group members; consultant.				
Ongoing Updates, Education, and Collaboration								
27	Review QPM Work Group Workplan.	Draft Workplan.	March 2015	Staff	N/A	N/A		Updated workplan adopted.
28	Coordinate and collaborate with other VHCIP Work Groups on other activities of interest.	Identify activities of interest and establish mechanisms for regular coordination and communication with other work groups.	Ongoing	Staff; co-chairs; work group members; other work groups.	Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).	N/A	<ul style="list-style-type: none"> Mechanisms established for monthly co-chair meetings and work group reports to steering committee. 	Well-coordinated and aligned activities among work groups.
29		Coordinate and collaborate with HIE Work Group on clinical data collection, the HIE Plan, and gap remediation; create a debrief tool to gather information on data collection (Staff).	Ongoing	Staff; co-chairs; work group members; HIE Work Group.	Coordinate on clinical data collection, the HIE plan, and gap remediation (HIE Work Group).	N/A		

	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
30		Obtain ongoing updates from HIE Work Group and VITL on relevant projects, including gap remediation.	Twice annually	Staff; co-chairs; work group members; HIE Work Group leaders, VITL.	Receive regular updates on relevant projects.	N/A		
31		Coordinate and collaborate with Population Health Work Group on measures related to population health.	October-December 2015	Staff; co-chairs; work group members; Population Health Work Group.	Coordinate and collaborate on measures related to population health (Population Health Work Group).	N/A		
32		Coordinate and collaborate with Population Health Work Group on related activities: <ul style="list-style-type: none"> Review draft Population Health Plan outline developed by Population Health Work Group. Receive presentation on "population health" definition and Population Health 101 materials developed by Population Health Work Group. Collaborate with Population Health Work Group to collect existing sets of population health measures currently used in Vermont, and by CDC and/or CMMI. Review and comment on Population Health Work Group recommendations on appropriate measures for payment models. Review and comment on Population Health Work Group Recommendations on integration of population health measures into other payment models, developed with input from Payment Models Work Group. 	Q3 2015	Staff; co-chairs; work group members; Population Health Work Group.	<ul style="list-style-type: none"> Receive PHP outline (Population Health Work Group). Receive definition and materials (Population Health Work Group). Collaborate to collect existing population health measure sets (Population Health Work Group). Coordinate to ensure tracking of CMMI core measures (Vermont Department of Health). Coordinate to review and approve recommended measures (Payment Models and Population Health Work Groups). Recommend population health measures for inclusion in payment models (Population Health and Payment Models Work Groups). 			
			Q1 2015					
			Year 1-Year 2 Q1					
			(See PHWG)					
33	Coordinate and collaborate with DLTSS Work Group on measures relevant to DLTSS.	October-December 2015	Staff; co-chairs; work group members; DLTSS Work Group.	Coordinate and collaborate on measures relevant to DLTSS (DLTSS Work Group).	N/A			
34	Obtain regular updates on relevant sub-grantee projects.	Ongoing	Staff; co-chairs; work group members; sub-grantees.	Obtain regular updates on relevant sub-grantee projects (Sub-Grantees).	N/A			
35	Coordinate with, update, and receive education from VHCIP Core Team, Steering Committee, other VHCIP leadership and stakeholders, and AHS departments as appropriate.	Overall VHCIP project status updates.	Ongoing	Staff; co-chairs; work group members; VHCIP leadership.	N/A	N/A	Well-coordinated and aligned activities across VHCIP.	
36		Update Steering Committee, Core Team, and other VHCIP groups and stakeholders as appropriate.	Ongoing	Staff; co-chairs; work group members; VHCIP leadership	N/A	N/A		
37	Review VHCIP Evaluation Plan. Receive updates on the	Evaluation contractor presents evaluation plan; work group provides feedback on evaluation plan.	Ongoing	Evaluation contractor; evaluation director; work group members.	Evaluation contractor and evaluation director.		<ul style="list-style-type: none"> Evaluation plan under development 	Work group members informed of evaluation plan, and have opportunity for written and verbal feedback.
38	Evaluation Plan.	Evaluation contractor presents update on evaluation activities	Ongoing	Evaluation contractor; evaluation director.				

Attachment 4

TO: Pat Jones and Alicia Cooper
FROM: Michael Bailit and Michael Joseph
DATE: March 10, 2015
RE: Changes to ACO Measures

In response to your recent request, we have researched changes to HEDIS and MSSP measures that could impact the Vermont ACO Measure Set. This memo summarizes our findings.

I. Changes to the HEDIS Measure Set

HEDIS 2015 Changes

NCQA retired cholesterol testing and control measures for HEDIS 2015 in response to changes in national clinical guidelines. We have two affected measures in the Year 1 and Year 2 measure sets:

- Core-3a: Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening Only), and
- Core-3b: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL).

Core 3a is a payment measure and Core 3b is a pending measure.

HEDIS 2016 Changes

NCQA has proposed retiring one measure that is currently in our measure set:

- M&E-1: Appropriate Medications for People with Asthma

NCQA is proposing retiring this measure due to consistently high HEDIS performance rates and little variation in plan performance for both commercial and Medicaid plans. NCQA has noted that the measure Medication Management for People with Asthma (first introduced in HEDIS 2012) is a more effective way of assessing asthma medication management. It could potentially be substituted for M&E-1.

In addition, NCQA has proposed several new measures for HEDIS 2016:

- Depression Care for Adolescents and Adults
- Risk-Adjusted Utilization
- Statin Therapy for Patients with Cardiovascular Disease
- Statin Therapy for Patients with Diabetes
- Hospitalization for Potentially Preventable Complications

The statin therapy measures are essentially replacing the former LDL screening and control measures that are our Core-3a and Core-3b measures.

II. Changes to the MSSP Measure Set

CMS elected to retire the following measures:

- Core-16 (MN Community Measurement's Optimal Diabetes Care),
- Core-3b: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control, and
- Core-38: Coronary Artery Disease (CAD) Composite <100 mg/dL).

Core-16 is a reporting measure, while Core-3b and Core-38 are pending measures.

III. Other Changes

OneCare recently reported that AHRQ had retired the following measure:

- M&E-16: ED Utilization for Ambulatory Care-Sensitive Conditions

A subset of the inpatient admissions Prevention Quality Indicators (PQIs) could be a potential replacement for M&E-16. The specifications would have to be modified to focus on ED visits instead of inpatient admissions. Alternatively, AHRQ is working on ED-specific PQI measures, and conducted a beta test for the draft ED-PQI SAS software from March - May 2014. The beta test was conducted to test how well the software calculates the measures using data from different users and to see how reliable the program is. We have submitted an inquiry to AHRQ to find out more about these specifications and the timeline for finalizing the measures and software.

Attachment 5a

[All ACOs]

Time Period: 1/1/2014 to 12/31/2014

[Medicaid]
Only

VT Core Measure #	Measure	Detailed Description	CHAC	OneCare	National 25th	National 50th	National 75th	2012 VT [Medicaid] Performance
CLAIMS-BASED PAYMENT MEASURES								
1	All-Cause Readmission	For attributed individuals 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.						
2	Adolescent Well-Care Visits	Patient(s) 12 - 21 years of age that had one comprehensive well-care visit with a PCP or an OB/GYN in the last 12 reported months.						
3	Cholesterol Management for Patients with Cardiovascular Conditions	Patient(s) with a LDL cholesterol test during the report period.						
4	Mental Illness, Follow-Up After Hospitalization	Follow-Up After Hospitalization for Mental Illness: 7-day						
5	Alcohol and Other Drug Dependence Treatment	Initiation and Engagement of AOD Treatment (composite)						
6	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Patient(s) with a diagnosis of acute bronchitis that did not have a prescription for an antibiotic on or three days after the initiating visit.						
7	Chlamydia Screening	Patient(s) 16 - 24 years of age that had a chlamydia screening test in last 12 reported months.						
8	Developmental Screening (payment measure for VT Medicaid Shared Savings Program only)	Patients that had a developmental screening before their first birthday						
		Patients that had a developmental screening before their second birthday						
		Patients that had a developmental screening before their third birthday						
CLAIMS-BASED REPORTING MEASURES								
10	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	Patient(s) hospitalized for chronic obstructive pulmonary disease (COPD) or asthma.						
11	Breast Cancer Screening	Patient(s) 52 - 74 years of age that had a screening mammogram in last 27 reported months.						
13	Pharyngitis, Appropriate Testing for Children	Patient(s) treated with an antibiotic for pharyngitis that had a Group A streptococcus test.						

Less than 25th percentile
Between 25th and 50th percentile
Between 50th and 75th percentile
Above 75th percentile
No National Benchmark Reported

The National 25th, 50th, 75th percentile results come from NCQA's 2012 National Quality Compass results for Medicaid HMOs

Core Measures 2-7, 11, and 13 are HEDIS, Core Measure 10 is PQI, Core Measure 8 is CHIPRA

Adherence Rate (%) = Adherent Members / Eligible Members

* 100

PQI COPD hospitalization rate = per 100,000 member years for enrollees age 40+

Attachment 5b

[All ACOs]

Time Period: 1/1/2014 to 12/31/2014

[Commercial] Only

M & E Measure Number	Measure Description	First Level Stratification	Unit of measure	CHAC	OneCare	VCP
12 *	Non-office based ambulatory surgeries or procedures		per 1,000			
13	Number of prescriptions per member per month		PMPM			
14	Avoidable ED Visits – NYU Algorithm					
15 **	Ambulatory Care - ED Visits		per 1,000			
16 **	ED Utilization rate for ambulatory care-sensitive conditions		per 1,000 ER			
17	Generic dispensing rate where generic is available/allowed		%			
18	Patient(s) with High-end Imaging per 1000 members.		per 1,000			
19	IP Discharges per 1000	01) Inp - Mat	per 1,000			
		02) Inp-MedSurg	per 1,000			
		Total Inpatient	per 1,000			
20	Primary Care Visits per 1000 members.		per 1,000			
21	Skilled Nursing Days		per 1,000			
22	Specialty Visits per 1000 members.		per 1,000			

* Ambulatory Surgery codes are sourced from CMS (<http://www.cms.hhs.gov/ASCPayment/>) and identified with a place of service code.

** M&E 15 excludes Emergency Department visits with codes that indicate a visit for Chemical Dependency or Mental Health, as well as visits that result in an Inpatient admission.
M&E 16 does not have these same exclusions and therefore the numerator of M&E 15 will not equal the denominator of M&E 16.