
Vermont Medicaid Shared Savings Program (VMSSP) Quality Measures: Year 1 DLTSS Sub-Analysis

VHCIP DLTSS Work Group Meeting
October 6, 2016

Sub-Analysis Objectives

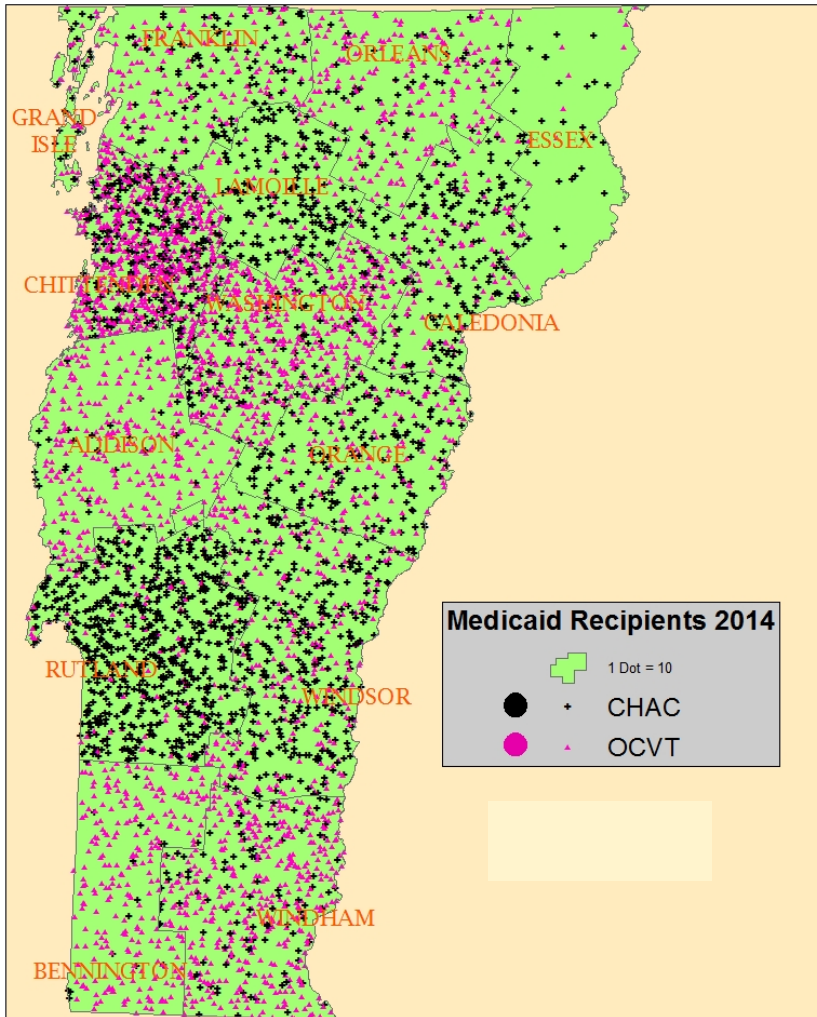
- To measure the quality of care of Medicaid members who receive disability and/or long term services and supports and who are also attributed to an ACO in the Vermont Medicaid Shared Savings Program (VMSSP)
- To work with the State's independent analytics contractor, The Lewin Group, to calculate performance measures consistently with overall VMSSP quality results

VMSSP: Beneficiary Attribution

- Eligible populations:
 - General Adult
 - General Child
 - Aged, Blind or Disabled Adult and Child
- Excluded populations:
 - Individuals dually eligible for Medicare and Medicaid
 - Individuals with third party liability coverage
 - Individuals with coverage through commercial insurers
 - Individuals who are enrolled in Medicaid but receive a limited benefits package

VMSSP Participation

ACO Distribution by County



- Two ACOs have contracts with DVHA to participate:
 - OneCare Vermont
 - Community Health Accountable Care (CHAC)
- In first program year (2014):
 - **37,929** Medicaid beneficiaries attributed to OneCare
 - **26,587** Medicaid beneficiaries attributed to CHAC

Defining the DLTSS Sub-Population

- Used the same definition as the DLTSS Medicaid Expenditure Analysis
- Start with all Medicaid members attributed to an ACO during Year 1 (2014) of the VMSSP
- Exclude members who did not have claims (identified by Category of Service) for any of the following services in the program year:
 - Choices for Care – Assistive Community Care
 - Choices for Care – HCBS
 - Choices for Care – Nursing Home
 - Community Rehabilitation and Treatment
 - Day Treatment/Private Non-Medical Inst.
 - Department for Children and Families
 - Developmental Services – HCBS
 - Developmental Services – ICF/ID
 - HCBS SED Children and Adolescents
 - Mental Health Facility
 - Personal Care Services
 - School Health – Department of Health
 - School Health – School-Based Health Svcs.
 - School Health – Success Beyond Six
 - Substance Abuse Treatment
 - Targeted Case Management
 - Traumatic Brain Injury Program

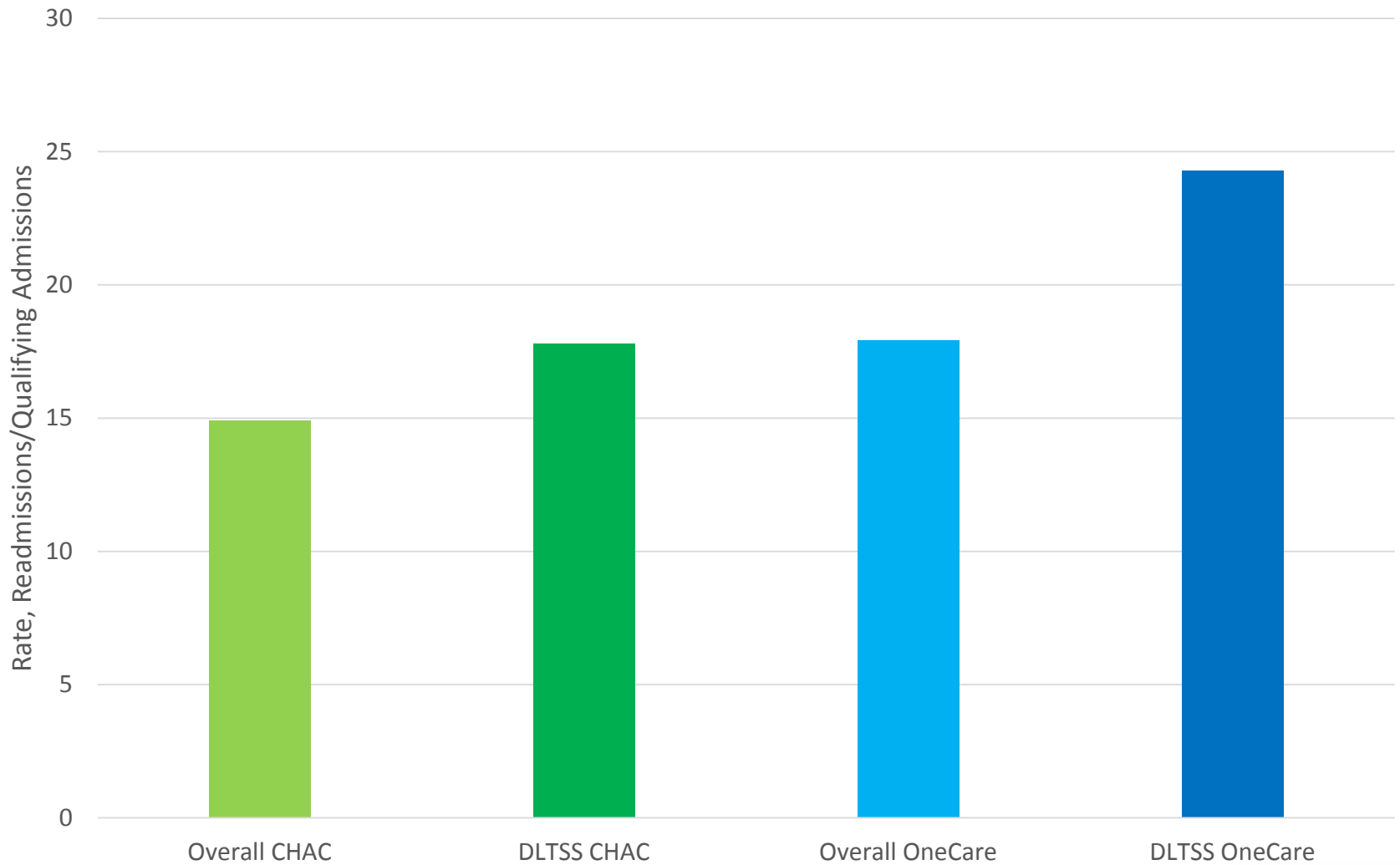
Quantifying the DLTSS Sub-Population

2014 ATTRIBUTION BY MEDICAID CATEGORIES OF SERVICE	CHAC	OneCare	Eligible for attribution (unattributed)	TOTAL
Choices for Care - Assistive Community Care	16	6	19	41
Choices for Care - HCBS	33	42	40	115
Choices for Care - Nursing Home	7	8	3	18
Community Rehabilitation and Treatment	178	150	101	429
Day Treatment/Private Non-Medical Inst	28	34	22	84
Department for Children and Families	1022	1600	1391	4013
Developmental Services - HCBS	101	146	125	372
HCBS SED Children and Adolescents	4	14	17	35
Mental Health Facility	360	851	622	1833
Personal Care Services	187	372	437	996
School Health - Department of Health	14	37	32	83
School Health - School-Based Health Svcs	1231	2090	2272	5593
School Health - Success Beyond Six	733	1128	1161	3022
Substance Abuse Treatment	1206	1134	999	3339
Targeted Case Management - Mental Health	180	256	188	624
Traumatic Brain Injury Program	1	2	3	6
TOTAL	5301	7870	7432	20603

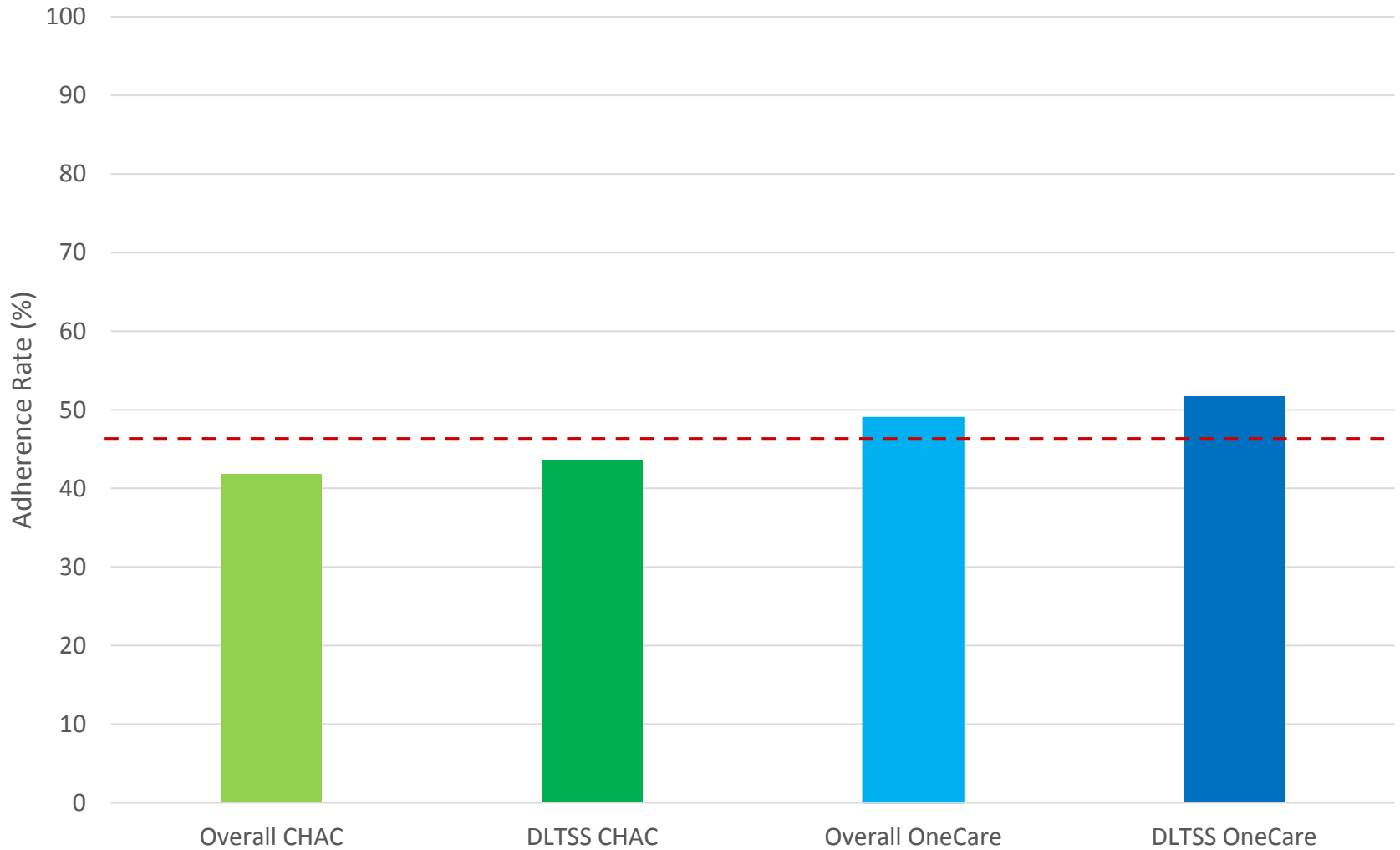
Key Considerations

- Sub-analysis only possible for claims-based quality measures at this time (both Payment and Reporting)
- Not all measures are applicable across the full population
 - Some are specific to age groups
 - Some are specific to individuals with certain diagnoses
- Results not reported for any measures with <30 individuals in the denominator
- Results are not risk-adjusted
- Lower rates are better where indicated *
- National 50th percentile where indicated -----

Core 1: ACO All-Cause Readmission*



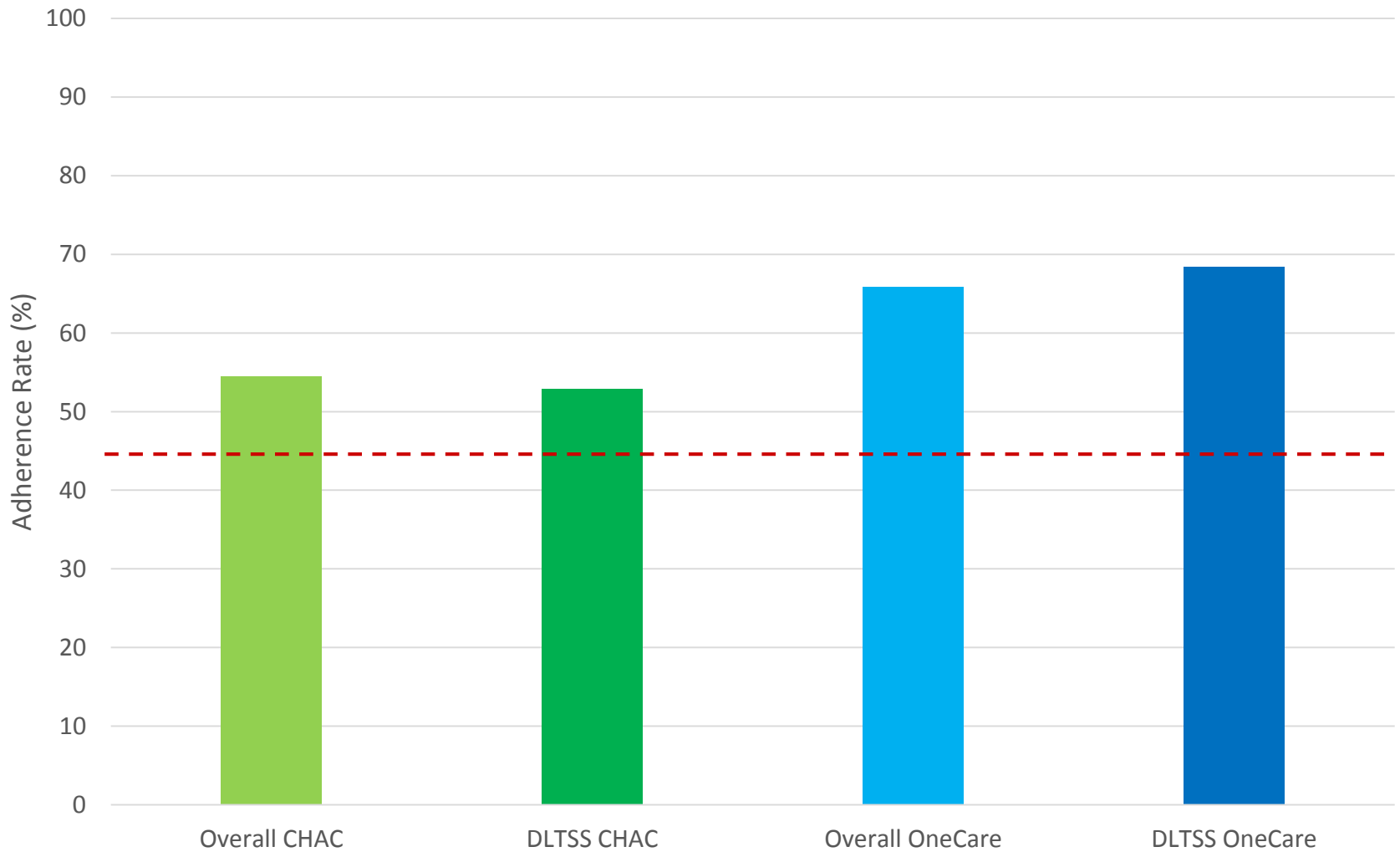
Core 2: Adolescent Well-Care Visits



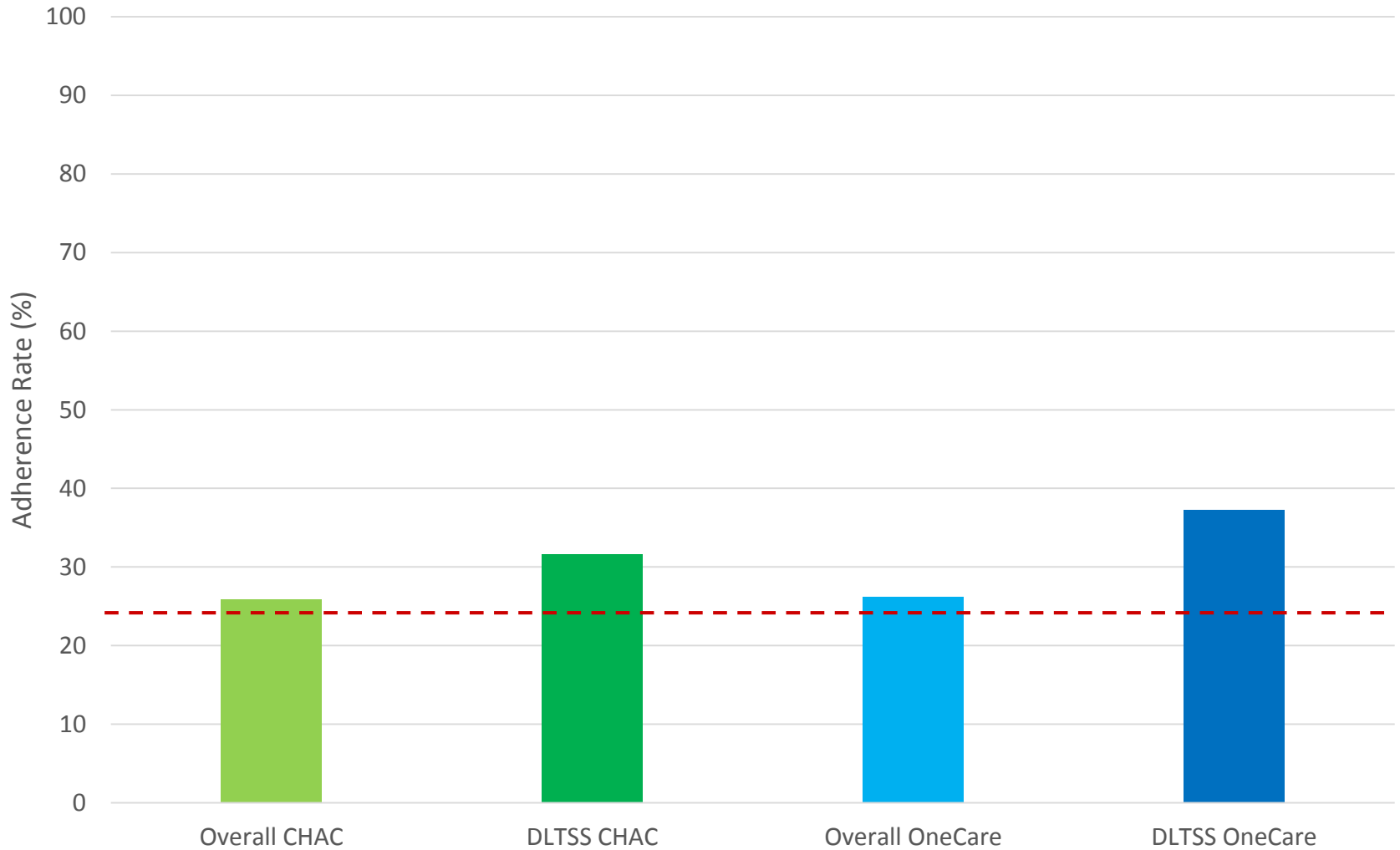
Core 3: Cholesterol Management for Patients with Cardiovascular Conditions

- Results suppressed due to small sample size
- Fewer than 30 individuals in each ACO's DLTSS sub-population qualified for inclusion in this measure

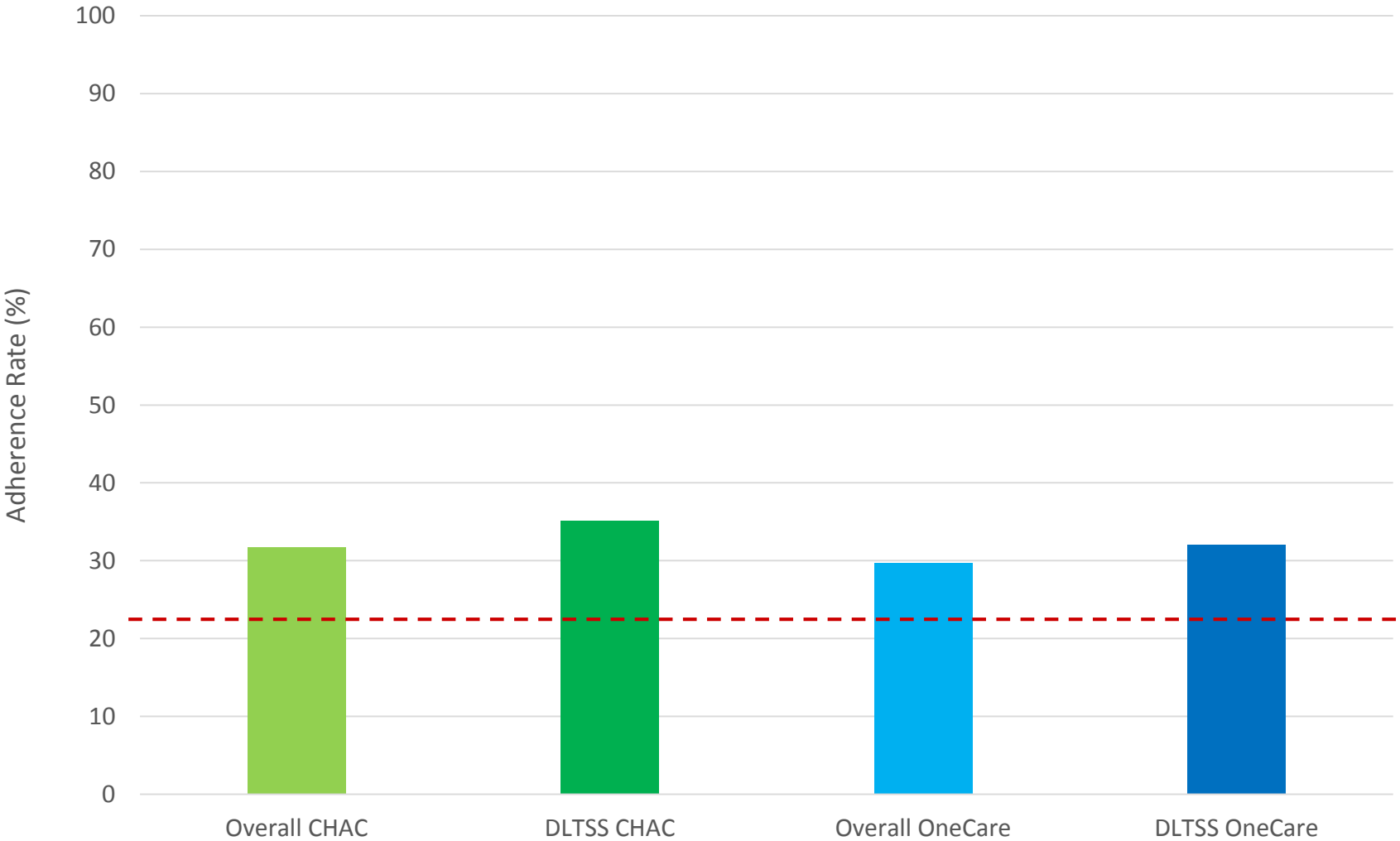
Core 4: Follow-Up after Hospitalization for Mental Illness



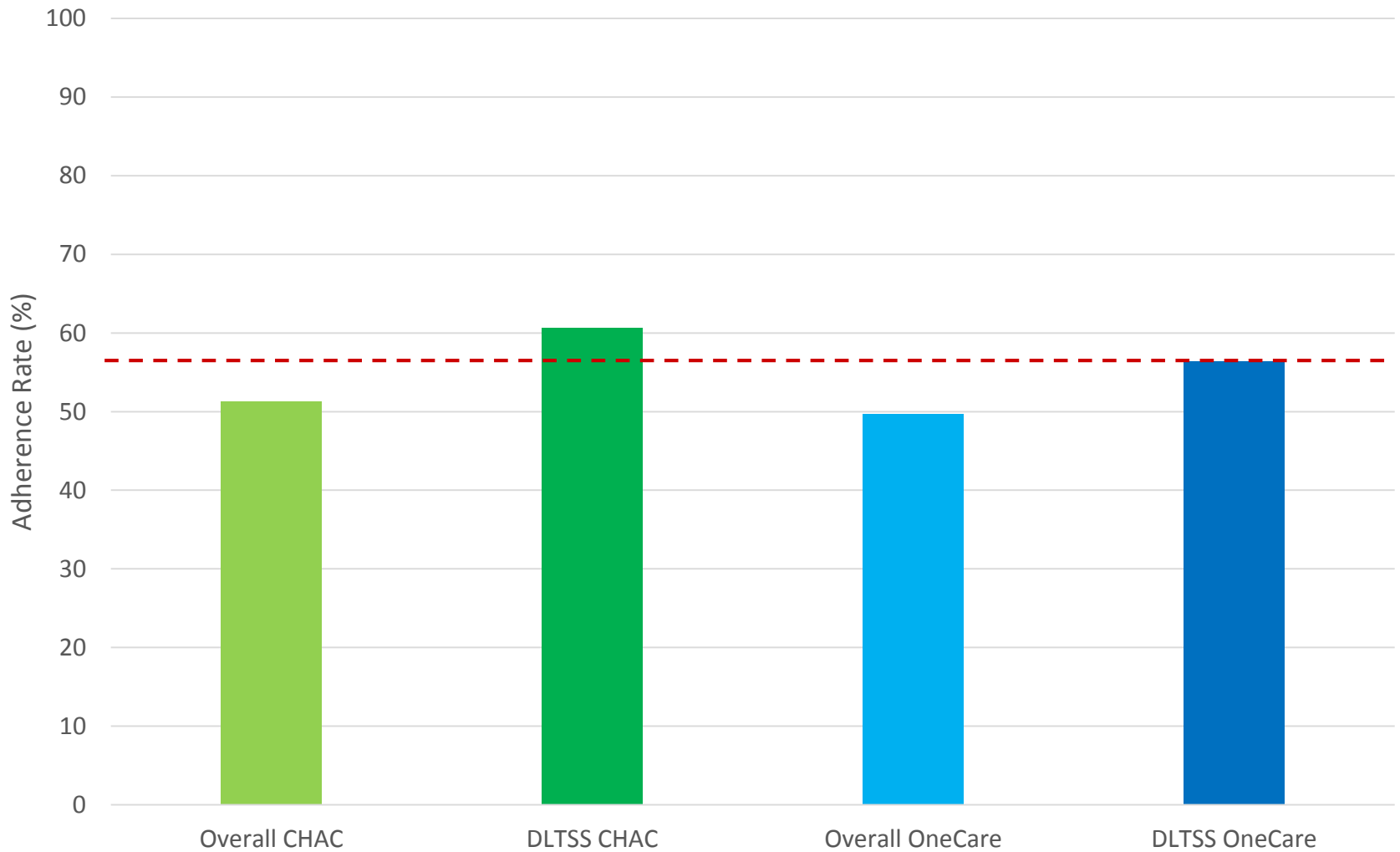
Core 5: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Composite)



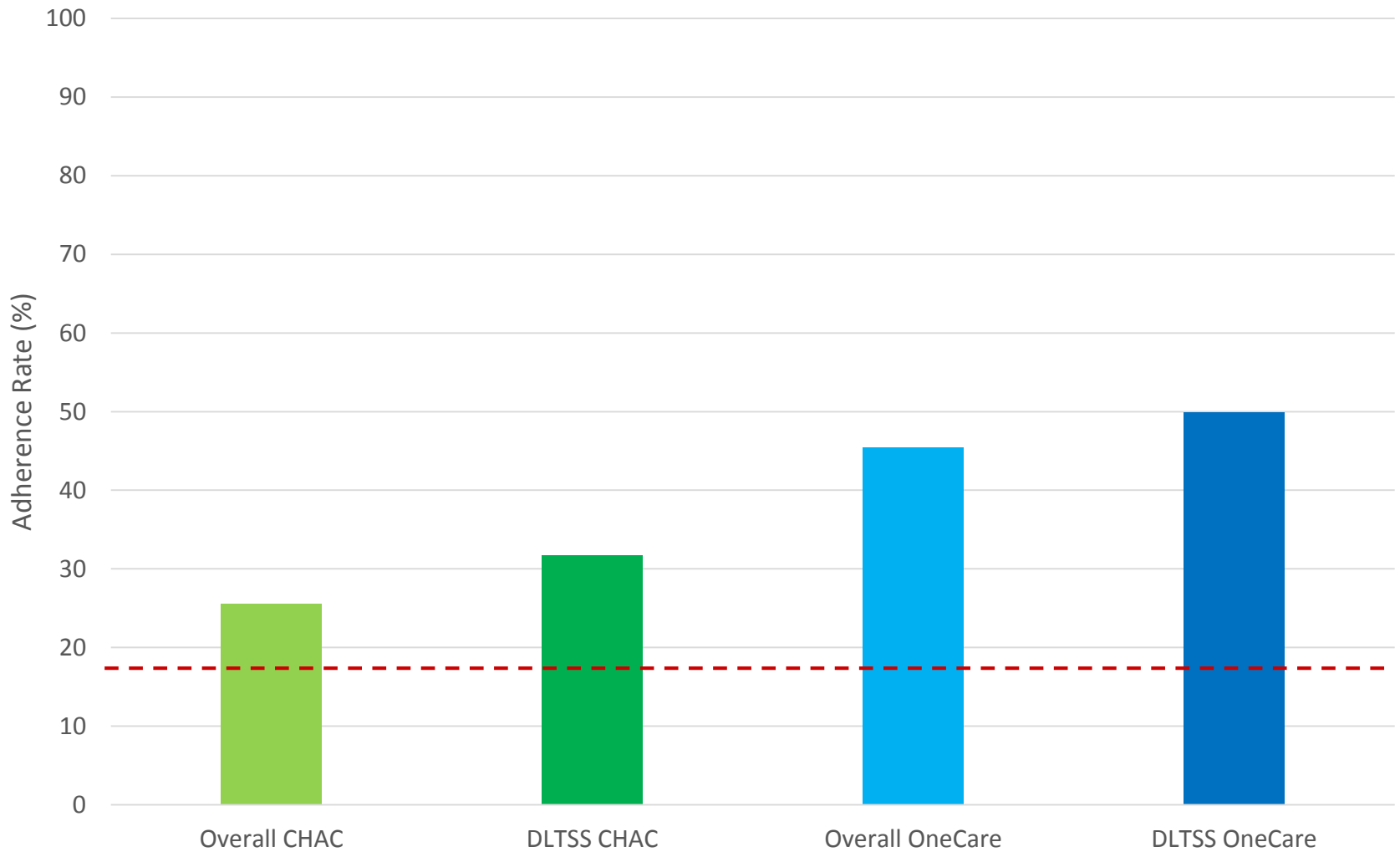
Core 6: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis



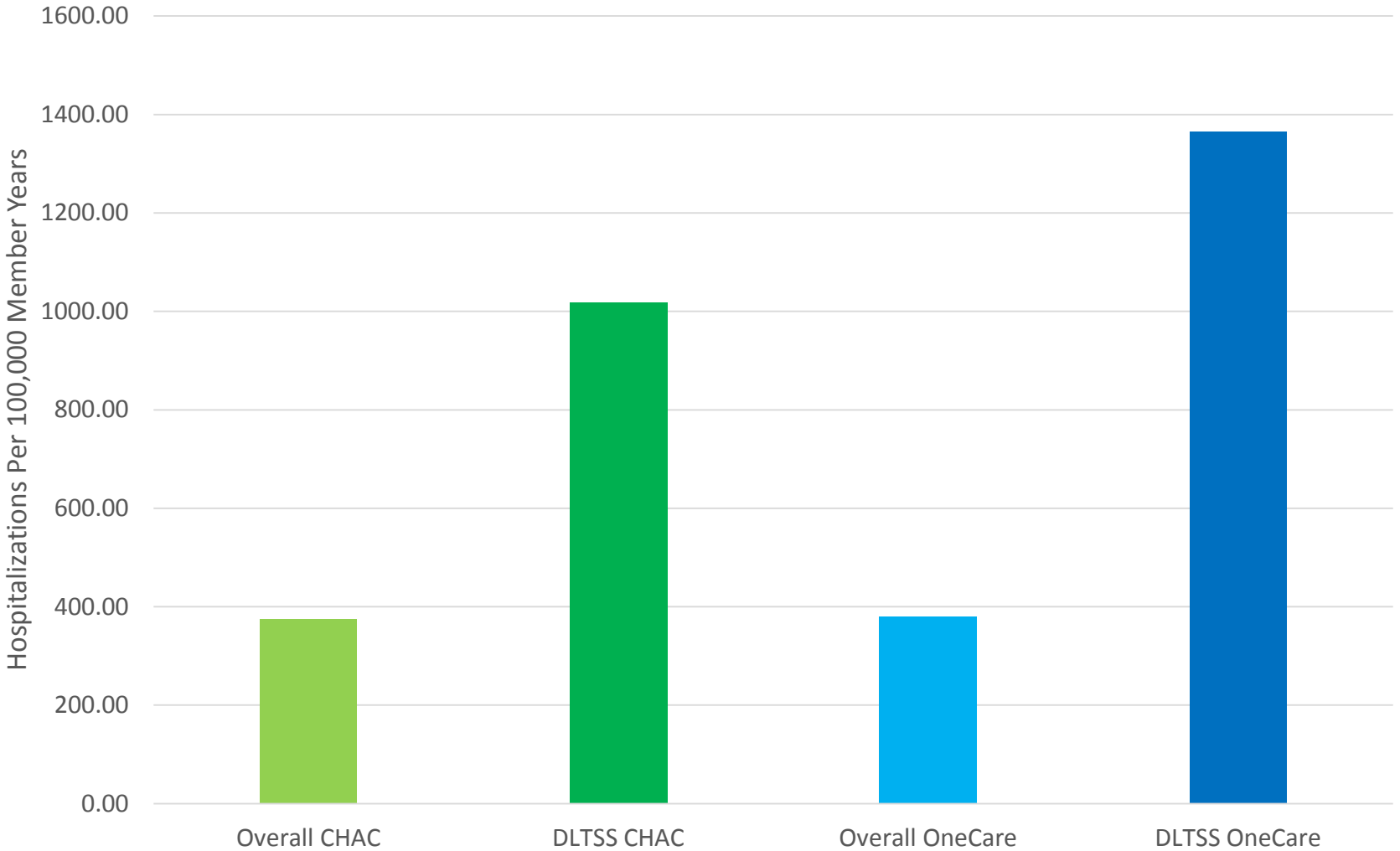
Core 7: Chlamydia Screening



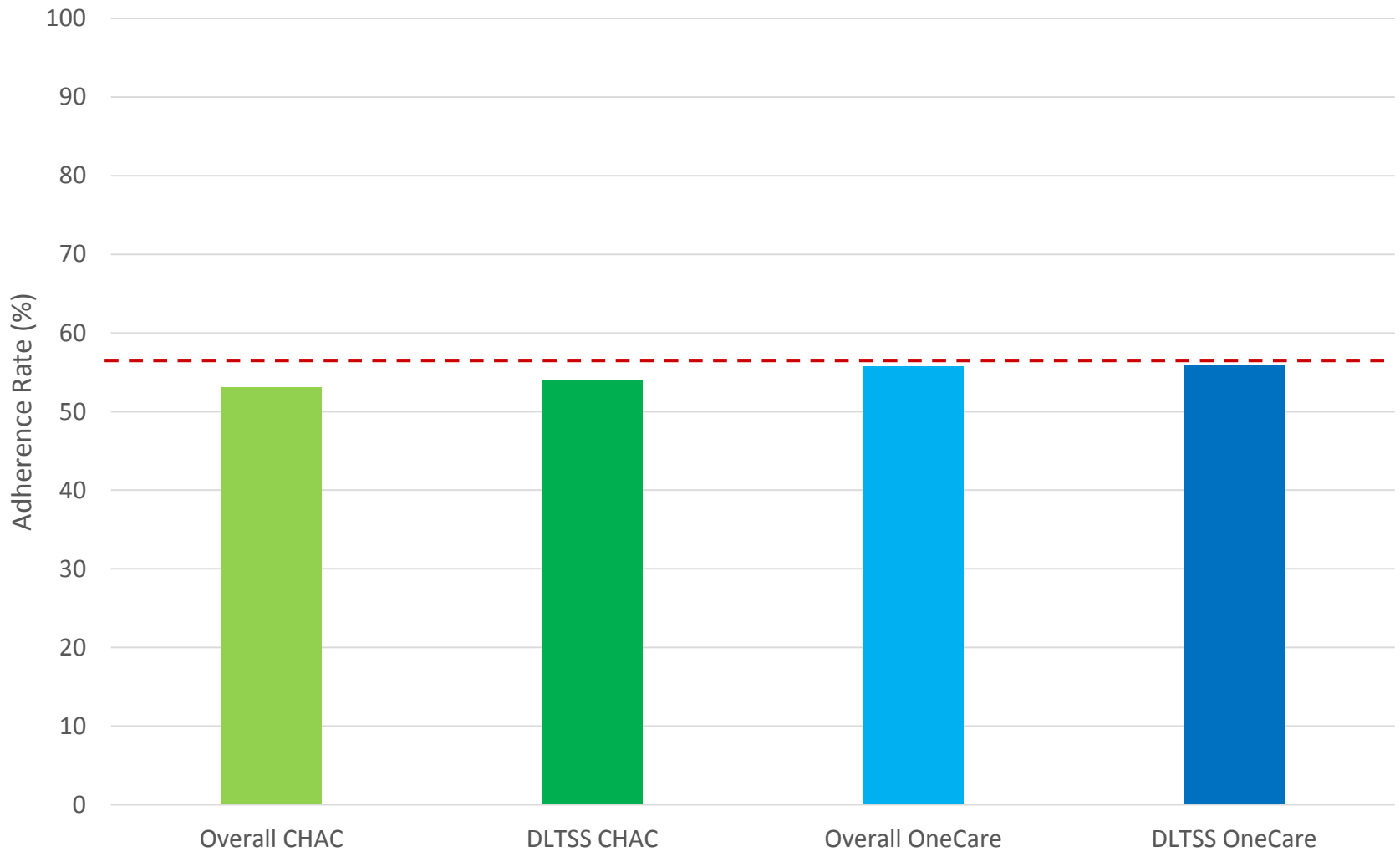
Core 8: Developmental Screening in the First Three Years of Life



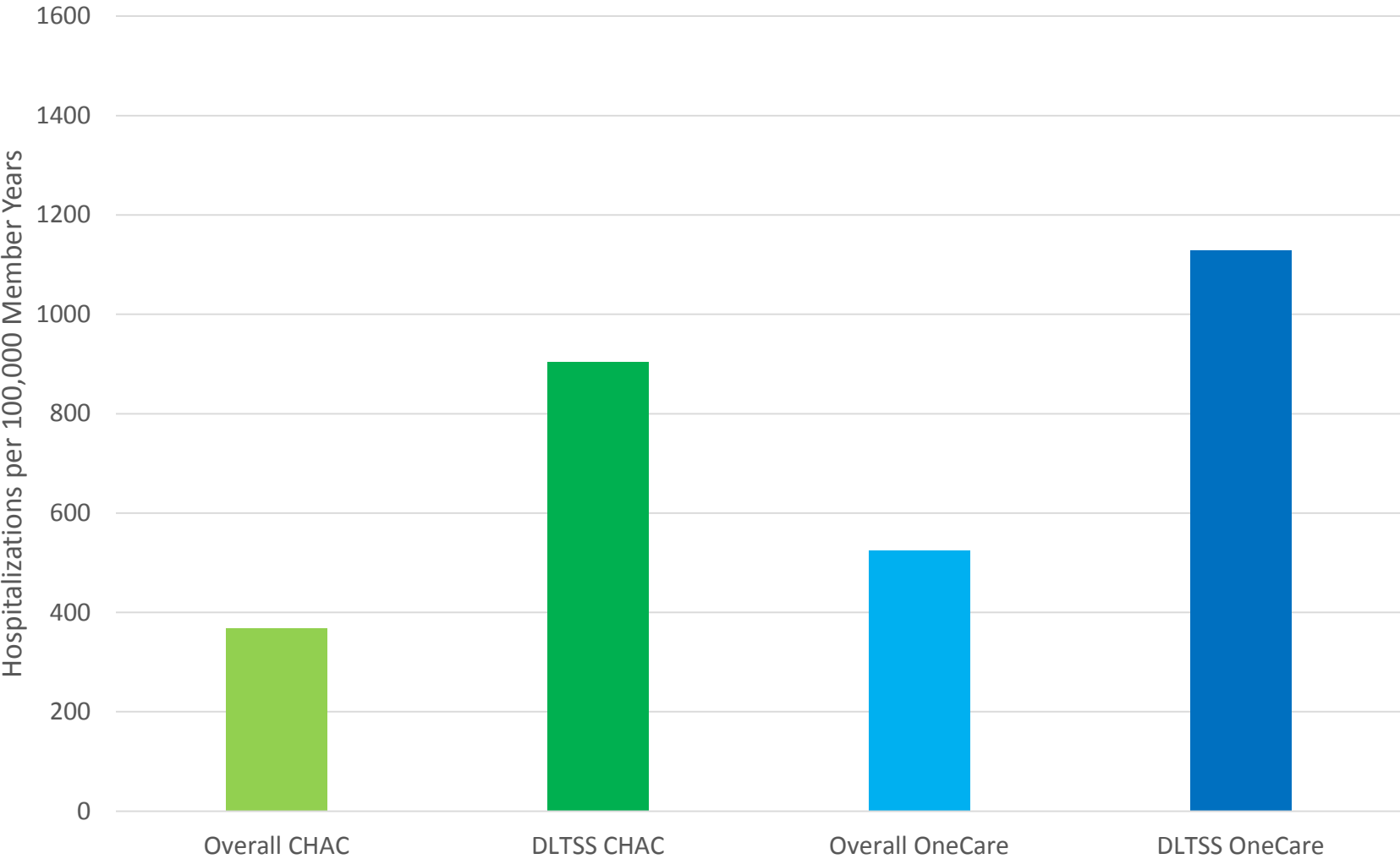
Core 10: Hospitalizations for COPD or Asthma in Older Adults*



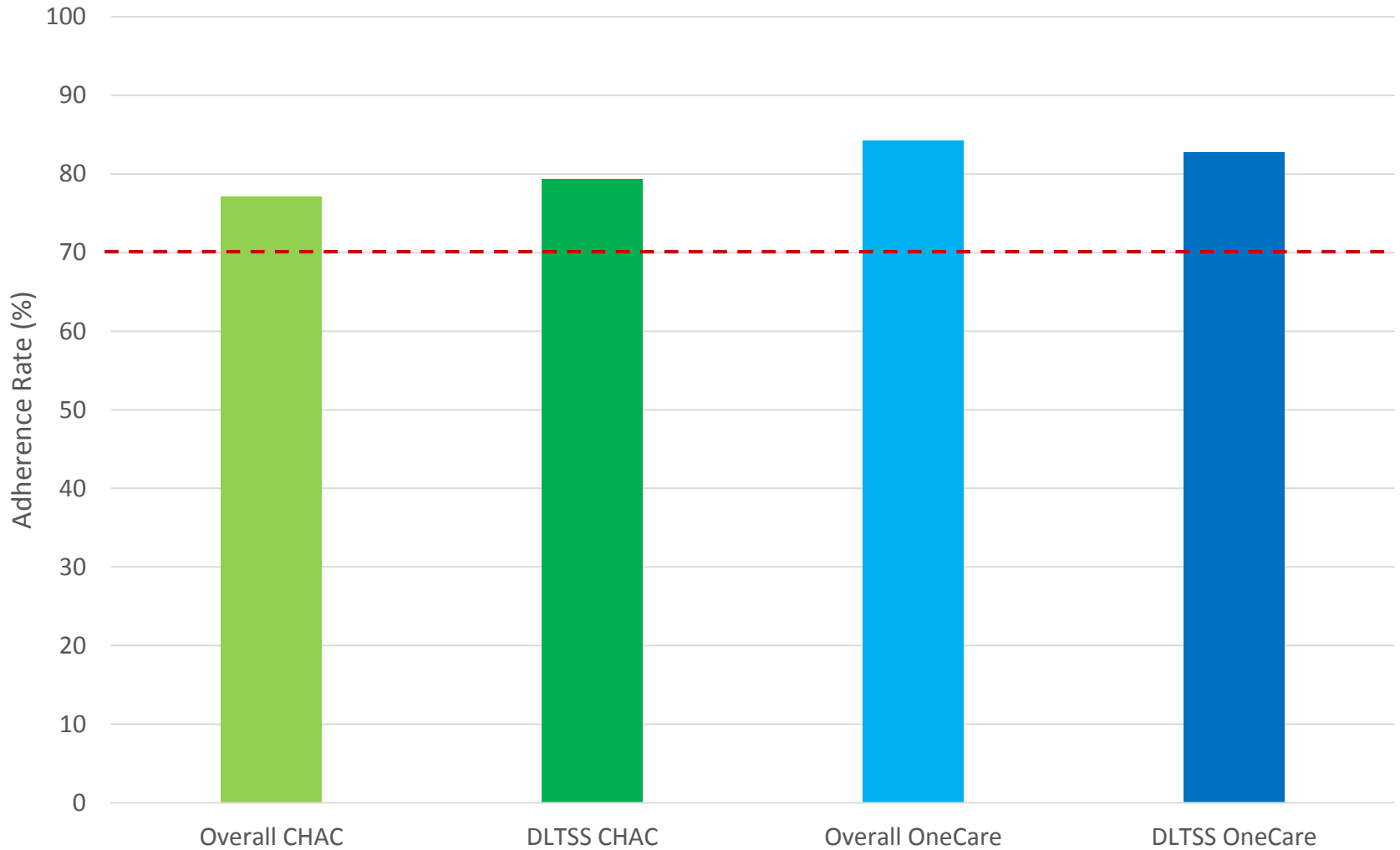
Core 11: Breast Cancer Screening



Core 12: Hospitalizations for Ambulatory Care Sensitive Conditions*



Core 13: Appropriate Testing for Children with Pharyngitis



Summary

- For many of these measures, sub-population quality was similar to or better than that of the full ACO populations
- Individuals in the DLTSS sub-population experienced proportionally more admissions than the full ACO populations
- Opportunity to observe trends over time when more data is available

Lewin notes the following items for the 04/15/16 - Year 1 (2014) Medicaid DLTSS Study:

This study captures the twelve requested payment and reporting measures in calendar year 2014 for the DLTSS sub-population provided by DVHA.

20,603 total member IDs were received from DVHA and reported on. The breakdown by attributed group was as follows:

CHAC - 5,301

OneCare - 7,870

Other (Eligible for Attribution but Unattributed) - 7,432

Lewin reported on the 12 measures for each attributed group and for all three attributed groups combined (Overall).

Attributed group was identified from the data extract provided by DVHA. Lewin did not alter this attribution.

Medicaid DLTSS Study: Year 1 (2014) -- Payment Measures

(Time period: 01/01/14 to 12/31/14)

Use 11x17 paper when printing-suggest longitudinal splicing for paper viewing

Measure and Detailed Description	Unit of Measurement	Rate				Numerator/ Denominator				2013 HEDIS National Medicaid Benchmarks			
		CHAC Year 1 DLTSS	OneCare Year 1 DLTSS	Other Year 1 DLTSS	OVERALL Year 1 DLTSS	CHAC Year 1 DLTSS	OneCare Year 1 DLTSS	Other Year1 DLTSS	OVERALL Year 1 DLTSS	25th	50th	75th	90th
CLAIMS-BASED PAYMENT MEASURES													
#1* - ACO All-Cause Readmission: Patients 18 and over with an observed 30-day acute readmission compared to the predicted probability of an acute readmission	Observed Readmission Rate (%)	17.16	24.30	18.85	20.43	35/204	61 / 251	36 / 191	132 / 646	No Benchmark Available			
#2 - Adolescent Well-Care Visits: Patients 12-21 who had one comprehensive well-care visit with a PCP or an OB/GYN in the last 12 reported months	Adherence Rate (%)	43.69	51.76	48.09	48.47	658/1,506	1,291 / 2,494	1,256 / 2,612	3205 / 6612	41.72	47.24	57.07	65.45
#3 - Cholesterol Management for Patients with Cardiovascular Conditions: Patient(s) 18-75 years of age with a LDL cholesterol test during the reported period	Adherence Rate (%)	Supressed, Denominator <30	Supressed, Denominator <30	Supressed, Denominator <30	Supressed, Denominator <30	Supressed, Denominator <30	Supressed, Denominator <30	Supressed, Denominator <30	Supressed, Denominator <30	78.33	81.45	84.91	87.84
#4 - Mental Illness, Follow-Up After Hospitalization: Patients with a 7-day follow-up visit after hospitalization for a mental illness	Adherence Rate (%)	52.87	68.42	65.13	62.29	83/157	117 / 171	99 / 152	299 / 480	30.91	43.95	54.64	68.79
#5a - Alcohol and Other Drug Dependence Treatment (IET) - Initiation: Patient(s) with a new episode of alcohol and other drug dependence (AOD) who initiated treatment within 14 days of the diagnosis	Adherence Rate (%)	44.03	51.72	52.05	49.12	317/720	360 / 696	330 / 634	1007 / 2050	36.03	39.13	43.11	48.24
#5b - Alcohol and Other Drug Dependence Treatment (IET) - Engagement: Patient(s) with a new episode of alcohol and other drug dependence (AOD) who initiated treatment and had two or more follow-up visits within 30 days of the initiation visit (i.e. engaged in AOD treatment)	Adherence Rate (%)	19.17	22.84	26.97	22.83	138/720	159 / 696	171 / 634	468 / 2050	5.14	10.37	16.17	19.84
#5c - Alcohol and Other Drug Dependence Treatment (IET) - Composite: Composite measure of initiation and engagement of alcohol and other drug dependence treatment	Adherence Rate (%)	31.60	37.28	39.51	35.98	455/1,440	519 / 1,392	501 / 1,268	1475 / 4100	20.59	24.75	29.64	34.04
#6 - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Patients with a diagnosis of acute bronchitis who did not have a prescription for an antibiotic on or three days after the initiating visit	Adherence Rate (%)	35.19	32.05	35.71	34.04	19/54	25 / 78	20 / 56	64 / 188	17.93	22.14	28.07	35.45
#7 - Chlamydia Screening: Patient(s) 16 - 24 years of age that had a chlamydia screening test in last 12 reported months	Adherence Rate (%)	60.71	51.46	58.90	56.68	241/397	264 / 513	288 / 489	793 / 1399	50.97	57.15	63.72	68.81
#8a - Developmental Screening: Patients that had a developmental screening between 0 and 12 months	Adherence Rate (%)	21.25	48.84	33.02	37.99	17/80	84 / 172	35 / 106	136 / 358	10.40	18.70	54.30	NR
#8b - Developmental Screening: Patients that had a developmental screening between 13 and 24 months	Adherence Rate (%)	44.44	55.84	54.55	52.90	52/117	129 / 231	102 / 187	283 / 535	10.70	20.60	44.80	NR
#8c - Developmental Screening: Patients that had a developmental screening between 25 and 36 months	Adherence Rate (%)	26.61	44.74	45.95	40.97	33/124	102 / 228	85 / 185	220 / 537	7.30	13.40	32.40	NR
#8d - Developmental Screening: Patients that had a developmental screening between 0 and 36 months (composite)	Adherence Rate (%)	31.78	49.92	46.44	44.69	102/321	315 / 631	222 / 478	639 / 1430	9.47	17.57	43.83	NR

Other Year 1 DLTSS = the population of Medicaid members eligible for attribution but not attributed to either CHAC or OneCare in 2014

NR = Benchmark not reported

* For Core Measure 1, lower numbers indicate higher performance.

Core Measures 1-7 are HEDIS.

Core Measure 8 Technical Specifications are The Center of Medicare and Medicaid Services Initial Core Set of Children's Health Care Quality Measures.

Core Measure 8 originally developed as part of the Oregon Health & Science University, Child and Adolescent Health Measurement Initiative (CAHMI).

Core Measure 8 descriptions align with CMS specifications to clarify that each indicator reports numerator for a single year in which child is that age. Core Measure 8 benchmarks are from the Mathematica analysis of FFY 2013 Child CARTS reports. Benchmarks are not applicable to all states. These benchmarks are listed for reference only; ACO performance will be compared to prior year performance for this measure.

The 25th, 50th, 75th, and 90th percentile results come from NCQA's 2013 National Quality Compass results for Medicaid HMOs.

Calculation Reference

Observed Readmission Rate = (Number of Patients over 18 readmitted within 30 days of discharge / All Patients discharged)

Adherence Rate (%) = Adherent Members / Eligible Members

Per 100,000 Member Years = (Discharges / Eligible Population Member Years) * 100,000

Medicaid DLTSS Study: Year 1 (2014) -- Reporting Measures

(Time period: 01/01/14 to 12/31/14)

Measure and Detailed Description	Unit of Measurement	Rate				Numerator/ Denominator				2013 HEDIS National Medicaid Benchmarks			
		CHAC Year 1 DLTSS	OneCare Year 1 DLTSS	Other Year1 DLTSS	OVERALL Year 1 DLTSS	CHAC Year 1 DLTSS	OneCare Year 1 DLTSS	Other Year1 DLTSS	OVERALL Year 1 DLTSS	25th	50th	75th	90th
CLAIMS-BASED REPORTING MEASURES													
#10*- Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults: Hospitalizations for chronic obstructive pulmonary disease (COPD) or asthma	Per 100,000 Member Years	1,017.44	1,366.12	743.49	1,072.52	7/688	10 / 732	4 / 538	21 / 1958	No Benchmark Available			
#11- Breast Cancer Screening: Patient(s) 50 - 74 years of age that had a screening mammogram in last 27 reported months	Adherence Rate (%)	54.05	55.95	48.00	53.37	80/148	94 / 168	48 / 100	222 / 416	51.21	57.42	65.12	71.35
#12* - Prevention Quality Chronic Composite (PQI 92): Hospitalizations for ambulatory care-sensitive conditions	Per 100,000 Member Years	903.49	1,128.84	638.98	903.41	22/2,435	29 / 2,569	14 / 2,191	65 / 7195	No Benchmark Available			
#13 - Pharyngitis, Appropriate Testing for Children: Patients treated with an antibiotic for pharyngitis who had a Group A streptococcus test	Adherence Rate (%)	79.37	82.78	79.85	80.90	100/126	274 / 331	329 / 412	703 / 869	60.96	70.22	77.89	85.09

Other Year 1 DLTSS = the population of Medicaid members eligible for attribution but not attributed to either CHAC or OneCare in 2014

* For Core Measures 10 and 12, lower numbers indicate higher performance.

Core Measures 11 and 13 are HEDIS.

Core Measures 10 and 12 are AHRQ Prevention Quality Indicators (PQI) measures.

The 25th, 50th, 75th, and 90th percentile results come from NCQA's 2013 National Quality Compass results for Medicaid HMOs.

Calculation Reference

Per 100,000 Member Years = (Discharges / Eligible Population Member Years) * 100,000

Adherence Rate (%) = Adherent Members / Eligible Members