

QPM Work Group Agenda

12-22-14

VT Health Care Innovation Project
Quality and Performance Measures Work Group Meeting Agenda
December 22, 2014; 10:00 AM to 12 Noon
Pavilion Building 4th Floor Conference Room, Montpelier, VT
Call-In Number: 1-877-273-4202 Passcode: 420323867

Item #	Time Frame	Topic	Relevant Attachments	Decision Needed?
1	10:00-10:05	Welcome and Introductions; Approval of Minutes	Attachment 1 – October QPM Minutes	YES – Minutes Approval
2	10:05-10:10	Updates <ul style="list-style-type: none"> • VHCIP Work Group Participation Guidelines • QPM Work Plan <i>Public Comment</i>		
3	10:10-11:50	Targets & Benchmarks for Year 2 ACO Payment Measures <i>Public Comment</i>	Attachment 3a – Memo from Payment Models Work Group to Quality & Performance Measures Work Group Re: Year 2 Targets and Benchmarks Attachment 3b – Year 2 Targets and Benchmarks Presentation Attachment 3c – Year 2 Payment Measure National Benchmarks – Medicaid Attachment 3d – Year 2 Payment Measure National Benchmarks -- Commercial	YES – Recommendation about Year 2 Commercial and Medicaid Targets & Benchmarks (for PMWG)
4	11:50-12:00	Next Steps, Wrap-Up and Future Meetings <i>Next Meeting: January 16, 2015 9:00-11:00</i>		

Attachment 1 - QPM Minutes

11-24-14



**VT Health Care Innovation Project
Quality & Performance Measures Work Group Meeting Minutes**

Date of meeting: November 24, 2014, 10:00 am-12 pm, 4th Floor Conf. Room, Pavilion Building, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approval of Minutes	<p>Cathy Fulton Called the meeting to order at 10:00 am. Georgia Maheras took a roll call of attendees.</p> <p>The group reviewed minutes from October 2014. Heather Skeels moved to approve the October minutes. Cath Burns seconded. There was no discussion and a roll call vote was taken. Laura Pelosi and Julia Shaw abstained. The motion passed.</p>	
2. Updates	<p>Year 2 ACO Shared Savings Program Measures Review Process:</p> <ul style="list-style-type: none"> - Year 2 measure sets have been approved by the GMCB which followed the Core Team recommendations for the Commercial and Medicaid SSPs. - GMCB recommended a hiatus for adding or promoting Year 3 measures into other categories. Public comment is open until December 1st. Comments can be made through the Board's website. <p>CMS Decision on Sample Size for Clinical Measures:</p> <ul style="list-style-type: none"> - CMS has dropped the requirement from 411 to 248 records in their new rule for sample sizes for the Medicare SSP. <p>Joyce Gallimore moved to reduce the records sample size to 248 for data collection that occurs in 2015 for data collection for Year 1 measures (calendar year 2014). Vicki Loner seconded the motion. There was no discussion and a roll call vote was taken. The motion passed unanimously.</p>	

Agenda Item	Discussion	Next Steps
3. ACO Improvement Efforts Related to Medicare and Vermont Commercial/Medicaid Shared Savings Program Measures (OneCare Vermont)	<p>Vicki Loner from OneCare Vermont gave an overview presentation on their ACO efforts to date (attachment 3).</p> <p>Follow up Discussion:</p> <ul style="list-style-type: none"> - Physician Champions will be appointed by each health service area will help lead the clinical improvement activity whether with the Blueprint or ACOs. - Outreach for committees included reviewing charter with interested parties and identifying potential areas of consumers and advocates. - The committee meetings are not open to the public. The committee members are in the process of adopting the charter and reviewing patient data. - Priorities were set by the Clinical Advisory Board who reviewed data and identified the categories with large opportunities for improvement such as diabetes and coronary heart disease. - The ACOs are working with the Blueprint to address the health issues on a regional scale. - Physicians on the Quality Improvement Committee are advising the Regional Improvement Committees on areas for improvement. - Congestive Heart Failure will likely be a priority in the next year. - Diagnosis plan of care relates to the very specific condition for the individual patient- this is not new but carving out focused time with a care coordinator. - Sharing the plans of care- looking to best practices on how to educate around a new diagnosis. 	
4. VITL Gap Analysis & Remediation Plan	<p>Christina XXX from VITL presented the gap analysis and remediation plan (attachment 4).</p> <p>Follow up discussion:</p> <ul style="list-style-type: none"> - The interfaces described only represent physician practices at this time. Incorporation of other health care practices to be integrated in the future. - Event Notification System (ENS) currently in pilot testing. - The interfaces and architecture will allow for more quality measures to be reviewed and used for any type of initiatives. VITL is currently focusing on the 22 Quality measures for Medicare. - Medicare beneficiary counts for ACCGM and OneCare, CHAC numbers are TBD. - The contract is expected to be executed January/February 2015 and then the target of 62% is expected to be reached within the first year. - Implications for taking this to scale for all providers (beyond the 43 presented on slide 4)- VITL will need to work individually with each practice due to the different (about 75) EMRs being used throughout the State. Ways to improve this process are being looked at but this is the current strategy. - Set team is comprised of Medicity and VITL. VITL is currently funded through a contract with 	

Agenda Item	Discussion	Next Steps
	<p>DVHA for the core work. The budget is built mostly to fund Medicity’s team, about 6 people contracted to perform the work.</p>	
<p>5. Targets & Benchmarks for Year 2 ACO Payment Measures</p>	<p>Alicia Cooper reviewed the following attachments with the group:</p> <p>Attachment 5a – Memo from Payment Models Work Group to Quality & Performance Measures Work Group.</p> <ul style="list-style-type: none"> - Payment Models work group is looking for input from the QPM work group on this topic Year 2 Targets and Benchmarks. A comment period is open until XXX and member from this work group are welcome to comment. <p>Attachment 5b – Year 2 Targets and Benchmarks Presentation Attachment 5c- Year 2 Payment Measure National Benchmarks – Medicaid. Attachment 5d – Year 2 Payment Measures National Benchmarks- Commercial.</p> <p>Follow Up Discussion:</p> <ul style="list-style-type: none"> - Using HEDIS benchmarks keeps consistent with the Year 1 approach, and given that we don’t have data from Year 1 at this time, it made sense to keep the methodology for Year 2. - “Improvement” can be based on differences from year to year, or relative to benchmarks. HEDIS benchmarks are the only available benchmarks at this time. - The discussions of negative points were discussed but it was decided that it may cause confusion for Year 1. - Targets for Medicaid SSP for measures without HEDIS benchmarks: up to three points available for each measure. “0” is use for a decline and “2” is used for staying the same, or “3” for improvement. This is consistent with the approach being used for the other measures and keeps each measure at the same value. - The measure specifications have been previously agreed upon and will not change. The group expressed concern over potentially receiving points for worse performance. Pat noted that even though this can happen in theory, the overall points would still decline. <p>Joyce Gallimore moved to approve the recommendations for the targets and benchmarks to the Payment Models work group. Connie Coleman seconded. Julia Shaw noted that the Payment Models work group received more data in their presentation. Alicia responded that the data presented to the Payment Models work group was mostly related to the gate and ladder methodology.</p> <p>A quorum was no longer present for this vote and the group will revisit this at the next meeting.</p>	

Agenda Item	Discussion	Next Steps
6. Next Steps, Wrap up, and Future Meeting Schedule	Next meeting: Monday, December 22, 2014, 10 am-12 pm, 4th Floor Conf. Room, Pavilion Building, Montpelier.	

Approval of Oct. 21, 2014
Minutes

Heather Skeels mins
Cath Burns seconds

Joyce Mores
Vicki Seconds
unanimous

VHCIP QPM Work Group Member List

Roll Call: 11/24/2014

2 abstentions
(Laura Pelosi + Julia Shaw)

clinical data based requirements from 411 to 248 records beginning on January 1, 2015 for measure year 2014.

Member		Member Alternate		Minutes	Yr 2 Targets and Benchmarks		Organization
First Name	Last Name						
Jaskanwar	Batra	Kathleen	Hentcy				AHS - DMH
✓ Catherine	Burns			y	y		HowardCenter for Mental Health
✓ Deb	Chambers	Joe	Smith				MVP Health Care
✓ Connie	Colman			y	y	y	Central Vermont Home Health and Hospice
Amy	Cooper						Accountable Care Coalition of the Green Mountains
Yvonne	DePalma						Planned Parenthood of Northern New England
✓ Aaron	French	Cynthia	Thomas	y	y		AHS - DVHA
✓ Catherine	Fulton			y	y	y	Vermont Program for Quality in Health Care
✓ Joyce	Gallimore	Kate	Simmons	y	y	y	CHAC
Paul	Harrington						Vermont Medical Society
✓ Pat	Jones	Richard	Slusky	y	y	y	GMCB
Frances	Keeler	Bard	Hill				AHS - DAIL
✓ Heidi	Klein	Robin	Edelman	y	y	did not have a quorum	AHS - VDH
✓ Diane	Leach			y	y		Northwestern Medical Center
✓ Vicki	Loner	Norm	Ward	y	y		OneCare Vermont
Kate	McIntosh						Vermont Information Technology Leaders
Anna	Noonan						Jeffords Institute for Quality, FAHC
✓ Laura	Pelosi	abstain minutes		A	y		Vermont Health Care Association
Paul	Reiss						Accountable Care Coalition of the Green Mountains
✓ Lila	Richardson	Julia	Shaw	abstain non minutes			VLA/Health Care Advocate Project
✓ Rachel	Seelig			A	y		VLA/Senior Citizens Law Project
✓ Shawn	Skaflestad			y	y		AHS - Central Office
✓ Heather	Skeels	Patricia	Laurer	y	y		Bi-State Primary Care
Jennifer	Stratton						Lamoille County Mental Health Services
Monica	Weeber						AHS - DOC
✓ Robert	Wheeler	Teresa Peter	Vicki ?? Albert	y	y		Blue Cross Blue Shield of Vermont
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Non-Members on Phone:

Norm Ward
Jenney Samuelson
April Allen
Machael Bailet
Cindy Thomas + DeBorrick (brondeis)

(26 members)
15 present

Non-Members in Room:

Jim Westrich (DrHA)
Person from VIL
Kendall West (CHAC)
Jess Mendez, bal
Rick Dorley
Amy Conradt
Cecelia Wu
Alicia Cooper
Georgia Makeras
Amenda Ciccar
Melissa Bailey
Joelle Judge
Susan Araruff
Marybeth McCaffrey
Julie Wasserman
Annie Pounsbarten

VHCIP QPM Work Group Participant List

Attendance:

11/24/2014

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff/Consultant
X	Interested Party

First Name	Last Name		Organization	QPM
Peter	Albert		Blue Cross Blue Shield of Vermont	MA
April	Allen	<i>None</i>	AHS - DCF	X
Susan	Aranoff	<i>Stark</i>	AHS-DAIL	X
Bill	Ashe		Upper Valley Services	X
Ena	Backus		GMCB	X
Melissa	Bailey	<i>Melissa Bailey</i>	VT care network / VT Care Partners	X
Michael	Bailit	<i>None</i>	SOV Consultant - Bailit-Health Purchasing	X
Susan	Barrett		GMCB	X
Jaskanwar	Batra		AHS - DMH	M
Charlie	Biss		AHS - Central Office - IFS	X
Catherine	Burns	<i>Ca</i>	HowardCenter for Mental Health	M
Deb	Chambers		MVP Health Care	M
Joshua	Cheney		VITL	A
Amanda	Ciecior	<i>mw</i>	AHS - DVHA	S
Peter	Cobb		VNAs of Vermont	X
Connie	Colman		Central Vermont Home Health and Hospice	M
Amy	Coonradt	<i>Amy Coonradt</i>	AHS - DVHA	X
Amy	Cooper	<i>Alicia Cooper</i>	Accountable Care Coalition of the Green Mountains	M
Alicia	Cooper	↓	AHS - DVHA	S
Jude	Daye		Blue Cross Blue Shield of Vermont	A
Yvonne	DePalma		Planned Parenthood of Northern New England	M
Rick	Dooley	<i>Dooley</i>		X
Rick	Dooley			X

Robin	Edelman		AHS - VDH	MA
Judith	Franz	<i>Justilla from phone</i>	VITL	X
Aaron	French	<i>phone</i>	AHS - DVHA	M
Catherine	Fulton	<i>Catherine Fulton</i>	Vermont Program for Quality in Health Care	C/M
Joyce	Gallimore	<i>Joyce Gallimore</i>	Bi-State Primary Care/CHAC	M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Bryan	Hallett		GMCB	X
Paul	Harrington		Vermont Medical Society	M
Kathleen	Hentcy		AHS - DMH	MA
Bard	Hill		AHS - DAIL	MA
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones	<i>Pat Jones</i>	GMCB	S/M
Joelle	Judge	<i>Joelle Judge</i>	UMASS	S
Frances	Keeler		AHS - DAIL	M
Heidi	Klein	<i>Heidi</i>	AHS - VDH	M
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Patricia	Launer		Bi-State Primary Care	MA
Diane	Leach		Northwestern Medical Center	M
Deborah	Lisi-Baker		Unknown	X
Vicki	Loner	<i>phone</i>	OneCare Vermont	M
Nicole	Lukas		AHS - VDH	X
Georgia	Maheras	<i>here</i>	AOA	S
Mike	Maslack			X
Kim	McClellan	<i>Kim McClellan</i>	Northwest Counseling and Support Services	X
Kate	McIntosh		Vermont Information Technology Leaders	M
Darcy	McPherson		AHS - DVHA	X
Jessica	Mendizabal	<i>here</i>	AHS - DVHA	S
Robin	Miller		AHS - VDH	X
Anna	Noonan		Jeffords Institute for Quality, FAHC	M
Annie	Paumgarten	<i>here</i>	GMCB	X
Laura	Pelosi	<i>Laura Pelosi</i>	Vermont Health Care Association	C/M

Luann	Poirer		AHS - DVHA	X
Betty	Rambur		GMCB	X
Allan	Ramsay		GMCB	X
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Lila	Richardson	<i>Lila Richardson</i>	VLA/Health Care Advocate Project	M
Jenney	Samuelson	<i>None</i>	AHS - DVHA - Blueprint	X
Ken	Schatz		AHS - DCF	X
Rachel	Seelig		VLA/Senior Citizens Law Project	M
Julia	Shaw	<i>JS</i>	VLA/Health Care Advocate Project	MA
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Colleen	Sinon		Northeastern Vermont Regional Hospital	X
Shawn	Skaflestad		AHS - Central Office	M
Heather	Skeels	<i>Heather Skeels</i>	Bi-State Primary Care	M
Richard	Slusky		GMCB	MA
Joe	Smith		MVP Health Care	MA
Jennifer	Stratton		Lamoille County Mental Health Services	M
Kara	Suter		AHS - DVHA	X
Julie	Tessler		Vermont Council of Developmental and Mental Health Services	X
Cynthia	Thomas	<i>None</i>	AHS - DVHA	MA
Win	Turner			X
Teresa	Voci	<i>None</i>	Blue Cross Blue Shield of Vermont	X
Nathaniel	Waite		VDH	X
Anya	Wallack		SIM Core Team Chair	X
Marlys	Waller		Vermont Council of Developmental and Mental Health Services	X
Norm	Ward	<i>None</i>	OneCare Vermont	MA
Julie	Wasserman	<i>None</i>	AHS - Central Office	X
Monica	Weeber		AHS - DOC	M
Kendall	West	<i>Kendall West</i>		X
Robert	Wheeler		Blue Cross Blue Shield of Vermont	M
Bradley	Wilhelm		AHS - DVHA	X
Cecelia	Wu	<i>None</i>	AHS - DVHA	X
				86

Garnick Deb *None* - AHS - DVHA

Attachment 3a – Memo
from Payment Models
Work Group to Quality &
Performance Measures
Work Group Re: Year 2
Targets and Benchmarks

MEMO – UPDATED 12/15/14

DATE: November 17, 2014

TO: VHCIP Quality & Performance Measures Work Group

FROM: VHCIP Payment Models Work Group

RE: Request for Input – Year 2 ACO Measure Targets & Benchmarks; Year 2 Medicaid SSP Gate & Ladder

The VHCIP Payment Models Work Group (PMWG) will be making formal recommendations to the VHCIP Steering Committee and Core Team regarding Year 2 ACO measure targets and benchmarks for both the Medicaid and Commercial Shared Savings Programs (SSPs), as well as the Year 2 Gate & Ladder for the Medicaid Shared Savings Program. The PMWG has opened a period of public comment on these topics through the close of business on Friday November 28, 2014.

To aid in the development of these recommendations, the PMWG is soliciting input from the Quality and Performance Measures Work Group (QPM) on the following:

1. The selection of benchmarks for the Commercial and Medicaid Shared Savings Programs for Year 2 ACO Payment Measures.
2. The setting of performance targets for the Commercial and Medicaid Shared Savings Programs for Year 2 ACO Payment Measures.

Although the PMWG is not seeking specific recommendations from QPM regarding changes in Year 2 to the Gate & Ladder methodology, QPM members are invited to submit any comments they may have on this topic to PMWG for consideration. Comments may be directed to Mandy Ciecior (Amanda.Ciecior@state.vt.us) before the deadline above.

The PMWG will review recommendations from QPM, as well as any public comment received, during their ~~December 1, 2014~~ **January 16, 2015** meeting.

Attachment 3b – Year 2 Targets and Benchmarks Presentation

Year 2

Benchmarks & Performance Targets: Commercial & Medicaid Shared Savings Programs

Quality & Performance Measures Work
Group Meeting
November 24, 2014

Overview

- Review
 - Year 1 Payment Measures
 - Year 1 Benchmarks & Targets
- Changes to Year 2 Payment Measures
- Options for Updating Performance Benchmarks & Targets in Year 2

Year 1 Payment Measures

Year 1 Payment Measure		Medicaid SSP	Commercial SSP
Core-1	Plan All-Cause Readmissions	X	X
Core-2	Adolescent Well-Care Visits	X	X
Core-3	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)	X	X
Core-4	Follow-Up After Hospitalization for Mental Illness: 7-day	X	X
Core -5	Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite)	X	X
Core-6	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	X	X
Core-7	Chlamydia Screening in Women	X	X
Core-8	Developmental Screening in the First Three Years of Life	X	

Year 1 Benchmarks

	Medicaid SSP	Commercial SSP
Approach: Use national HEDIS benchmarks for all measures for which they are available; use improvement targets when national benchmarks are unavailable	Core 2-7: National Medicaid HEDIS benchmarks Core 1 & 8: Improvement targets based on 2012 VT Medicaid performance	Core 1-7: National commercial HEDIS benchmarks

Year 1 Performance Targets

- *When using National HEDIS Benchmarks:*
Compare each payment measure to the national benchmark and assign 1, 2 or 3 points based on whether the ACO is at the national 25th, 50th or 75th percentile for the measure.
- *When using Improvement Targets (Medicaid only in Year 1):*
Compare each payment measure to VT Medicaid benchmark, and assign 0, 2 or 3 points based on whether the ACO declines, stays the same, or improves relative to the benchmark.
 - Statistical significance; targets associated with each point value are set according to ACO-specific attribution estimates

HEDIS Benchmarks		Change Relative to Historic Performance	
25 th Percentile	1 Point	Statistically significant decline	0 Points
50 th Percentile	2 Points	Statistically same	2 Points
75 th Percentile	3 Points	Statistically significant improvement	3 Points

Year 2 Payment Measures

Year 2 Payment Measure		Medicaid SSP	Commercial SSP
Core-1	Plan All-Cause Readmissions	X	X
Core-2	Adolescent Well-Care Visits	X	X
Core-3	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)	X	X
Core-4	Follow-Up After Hospitalization for Mental Illness: 7-day	X	X
Core -5	Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite)	X	X
Core-6	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	X	X
Core-7	Chlamydia Screening in Women	X	X
Core-8	Developmental Screening in the First Three Years of Life	X	
Core-12	Ambulatory Care Sensitive Condition Admissions: PQI Composite	X	X
Core-17	Diabetes Mellitus: HbA1c Poor Control (>9.0%)	X	X

Suggested QPM Recommendations to PMWG

- Year 2 Benchmarks
 - Use national HEDIS benchmarks where available, and use improvement targets when national benchmarks are unavailable

	Medicaid SSP	Commercial SSP
Use national HEDIS benchmarks for all measures for which they are available; use improvement targets when national benchmarks are unavailable	Core 2-7, 17: National Medicaid HEDIS benchmarks Core 1, 8, 12: Improvement targets based on ACO-specific Year 1 Medicaid performance	Core 1-7, 17: National commercial HEDIS benchmarks Core 12: Improvement targets based on ACO-specific Year 1 commercial performance

Suggested QPM Recommendations to PMWG

- Year 2 Performance Targets
 - Use Year 1 system for assigning points for performance

HEDIS Benchmarks		Change Relative to Historic Performance	
25 th Percentile	1 Point	Statistically significant decline	0 Points
50 th Percentile	2 Points	Statistically same	2 Points
75 th Percentile	3 Points	Statistically significant improvement	3 Points

Additional Comments?

- Additional comments regarding the Year 2 Gate & Ladder methodology can be directed to PMWG.
- Send to Mandy Ciecior (Amanda.Ciecior@state.vt.us) by close of business on Friday November 28, 2014.

Attachment 3c – Year 2 Payment
Measure National Benchmarks –
Medicaid

#	Measure	2012 National Medicaid HEDIS Benchmarks	2012 Vermont Medicaid Performance	2013 National Medicaid HEDIS Benchmarks	2013 Vermont Medicaid Performance
Core-1	Plan All-Cause Readmissions	National benchmark not available.	16.60	National benchmark not available.	16.62
Core-2	Adolescent Well-Care Visits	HEDIS National Medicaid CY2012 Nat. 75 th : 57.07 Nat. 50 th : 47.24 Nat. 25 th : 41.72	46.27	HEDIS National Medicaid CY2013 Nat. 75 th : 59.06 Nat. 50 th : 48.42 Nat. 25 th : 41.74	46.97
Core-3	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)	HEDIS National Medicaid CY2012 Nat. 75 th : 85.20 Nat. 50 th : 82.36 Nat. 25 th : 78.44	45.67	HEDIS National Medicaid CY2013 Nat. 75 th : 84.91 Nat. 50 th : 81.44 Nat. 25 th : 78.29	47.87
Core-4	Follow-Up After Hospitalization for Mental Illness: 7-day	HEDIS National Medicaid CY2012 Nat. 75 th : 54.64 Nat. 50 th : 43.95 Nat. 25 th : 30.91	42.01	HEDIS National Medicaid CY2013 Nat. 75 th : 54.45 Nat. 50 th : 41.94 Nat. 25 th : 31.69	41.61
Core-5	Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite)	HEDIS National Medicaid CY2012 Nat. 75 th : 29.64 Nat. 50 th : 24.75 Nat. 25 th : 20.59	33.22	HEDIS National Medicaid CY2013 Nat. 75 th : 29.23 Nat. 50 th : 24.08 Nat. 25 th : 19.52	32.16

#	Measure	2012 National Medicaid HEDIS Benchmarks	2012 Vermont Medicaid Performance	2013 National Medicaid HEDIS Benchmarks	2013 Vermont Medicaid Performance
Core-6	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	HEDIS National Medicaid CY2012 Nat. 75th: 28.07 Nat. 50th: 22.14 Nat. 25th: 17.93	28.62	HEDIS National Medicaid CY2013 Nat. 75th: 30.45 Nat. 50th: 24.31 Nat. 25th: 20.20	32.86
Core-7	Chlamydia Screening in Women	HEDIS National Medicaid CY2012 Nat. 75th: 63.72 Nat. 50th: 57.15 Nat. 25th: 50.97	51.18	HEDIS National Medicaid CY2013 Nat. 75th: 62.75 Nat. 50th: 54.97 Nat. 25th: 48.87	50.55
Core-8	Developmental Screening in the First Three Years of Life (Medicaid-only Payment measure)	National benchmark not available.	30.17	National benchmark not available.	40.47
Core-12	Ambulatory Care Sensitive Condition Admissions: PQI Composite	National benchmark not available.	Not Reported	National benchmark not available.	Not Reported
Core-17	Diabetes Mellitus: HbA1c Poor Control (>9.0%)	HEDIS National Medicaid CY2012 (<i>lower rate is better</i>) Nat. 75th: 36.53 Nat. 50th: 44.89 Nat. 25th: 53.77	Not Reported	HEDIS National Medicaid CY2013 (<i>lower rate is better</i>) Nat. 75th: 36.53 Nat. 50th: 44.89 Nat. 25th: 53.77	Not Reported

Attachment 3d – Year 2 Payment
Measure National Benchmarks --
Commercial

#	Measure	2012 National Commercial HEDIS Benchmarks (PPO)	2013 National Commercial HEDIS Benchmarks (PPO)
Core-1	Plan All-Cause Readmissions (lower rate is better)	HEDIS National Commercial (PPO) CY2012 Nat. 75 th : 0.73 Nat. 50 th : 0.78 Nat. 25 th : 0.83	HEDIS National Commercial (PPO) CY2013 Nat. 75 th : 0.72 Nat. 50 th : 0.76 Nat. 25 th : 0.81
Core-2	Adolescent Well-Care Visits	HEDIS National Commercial (PPO) CY2012 Nat. 75 th : 46.32 Nat. 50 th : 38.66 Nat. 25 th : 32.14	HEDIS National Commercial (PPO) CY2013 Nat. 75 th : 46.38 Nat. 50 th : 38.64 Nat. 25 th : 32.79
Core-3	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)	HEDIS National Commercial (PPO) CY2012 Nat. 75 th : 87.94 Nat. 50 th : 84.67 Nat. 25 th : 81.27	HEDIS National Commercial (PPO) CY2013 Nat. 75 th : 86.02 Nat. 50 th : 83.76 Nat. 25 th : 79.89
Core-4	Follow-Up After Hospitalization for Mental Illness: 7-day	HEDIS National Commercial (PPO) CY2012 Nat. 75 th : 60.00 Nat. 50 th : 53.09 Nat. 25 th : 45.70	HEDIS National Commercial (PPO) CY2013 Nat. 75 th : 57.12 Nat. 50 th : 50.09 Nat. 25 th : 42.69
Core-5	Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite)	HEDIS National Commercial (PPO) CY2012 Nat. 75 th : 31.94 Nat. 50 th : 27.23 Nat. 25 th : 24.09	HEDIS National Commercial (PPO) CY2013 Nat. 75 th : 32.25 Nat. 50 th : 26.55 Nat. 25 th : 22.58

#	Measure	2012 National Commercial HEDIS Benchmarks (PPO)	2013 National Commercial HEDIS Benchmarks (PPO)
Core-6	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	HEDIS National Commercial (PPO) CY2012 Nat. 75 th : 24.30 Nat. 50 th : 20.72 Nat. 25 th : 17.98	HEDIS National Commercial (PPO) CY2013 Nat. 75 th : 26.70 Nat. 50 th : 22.78 Nat. 25 th : 19.68
Core-7	Chlamydia Screening in Women	HEDIS National Commercial (PPO) CY2012 Nat. 75 th : 47.30 Nat. 50 th : 40.87 Nat. 25 th : 36.79	HEDIS National Commercial (PPO) CY2013 Nat. 75 th : 46.29 Nat. 50 th : 40.93 Nat. 25 th : 36.03
Core-8	Developmental Screening in the First Three Years of Life (Medicaid-only Payment measure)	National benchmark not available.	National benchmark not available.
Core-12	Ambulatory Care Sensitive Condition Admissions: PQI Composite	National benchmark not available.	National benchmark not available.
Core-17	Diabetes Mellitus: HbA1c Poor Control (>9.0%)	HEDIS National Commercial (PPO) CY2012 Nat. 75 th : 27.10 Nat. 50 th : 33.81 Nat. 25 th : 39.86	HEDIS National Commercial (PPO) CY2013 Nat. 75 th : 30.57 Nat. 50 th : 35.28 Nat. 25 th : 39.62