

Performance-Based Payments: Quality Composite and Utilization Measure Scoring

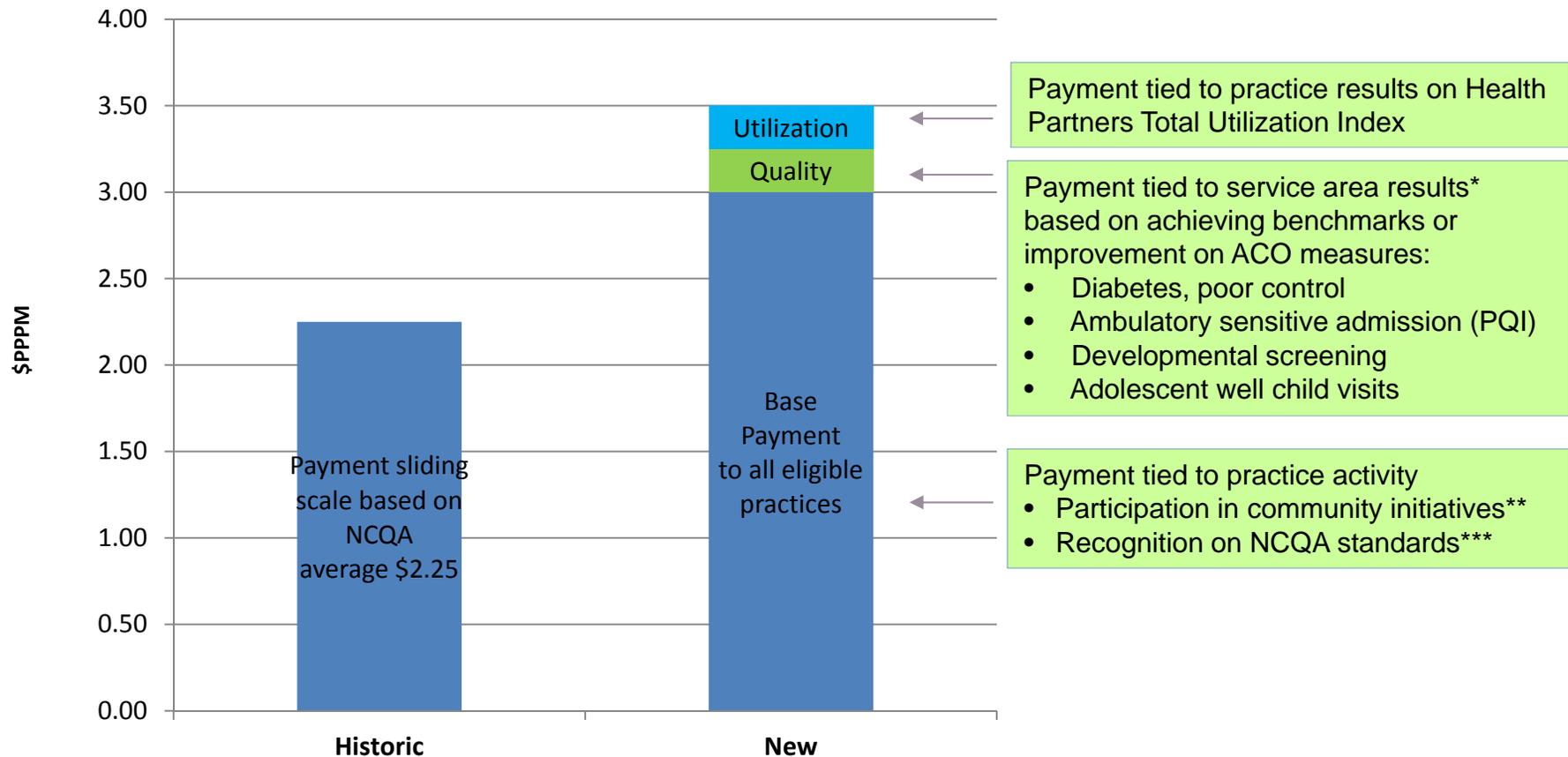
Vermont Blueprint for Health

OneCare Vermont (ACO), LLC

Community Health Accountable Care, LLC

Vermont Collaborative Physicians, LLC

Comparison of former and current medical home payments



*Incentive to work with community partners to improve service area results.

**Organize practice and CHT activity as part of at least one community quality initiative per year.

***Payment tied to recognition on NCQA PCMH standards with any qualifying score.

QUALITY MEASURES – BASED ON HSA OUTCOMES

Scoring and Payment Eligibility

- Total potential score for each measure: 3
 - Sum of state average threshold point (1 point) and improvement points (1 or 2 points)
- OR
- 3 point for High Achiever
- Total possible points: 4 measures x 3 points = 12
- Payment eligibility based on total score (3 payment levels):
 - 3-5 points: \$0.07
 - 6-8 points: \$0.13
 - ≥ 9 points: \$0.25

Thresholds and Scores

Measure	State Averages	High Achiever †
Adolescent Well Visit	49.0%	60.7%
Developmental Screening, Age Three and Under	48.2%	51.0%
Diabetes, Poor Control, HbA1c > 9%	11.4%	10.4%
PQI #92, Chronic Composite (Rate of Hospitalization for Ambulatory Care Sensitive Conditions)	8.1/1,000	5.5/1,000

†High Achiever threshold is the 90th percentile for HSAs averages or rates or the National 90th percentile, whichever is higher.

Scoring	Points
Being at or above the state average	1 point
Being at or above High Achiever	3 points

Improvement and Scores

If not High Achiever , the following change scores apply	Points
Worsening of percent or index score	0 points
Maintaining (or not achieving minimum improvement)	1 point
Improving at or above the minimum improvement	2 points

Minimum Improvement:

- Absolute percentage difference: Minimum difference 5%
- **Exception** – PQI Chronic Condition minimum difference: -1.5 per 1,000

Measure Scores Using Absolute Percentage Change Methodology

HSA	Adolescent	Development	Diabetes	PQI Chronic
Barre	1	3	0	0
Burlington	2	3	1	1
Morrisville	0	2	2	0
Randolph	0	2	1	0
Newport	0	1	3	3
St. Johnsbury	0	1	0	3
St. Albans	0	1	1	1
Middlebury	1	3	0	0
Rutland	2	2	2	1
Bennington	0	2	3	1
Springfield	0	1	0	0
White River Jct.	1	3	0	0
Brattleboro	0	1	1	3

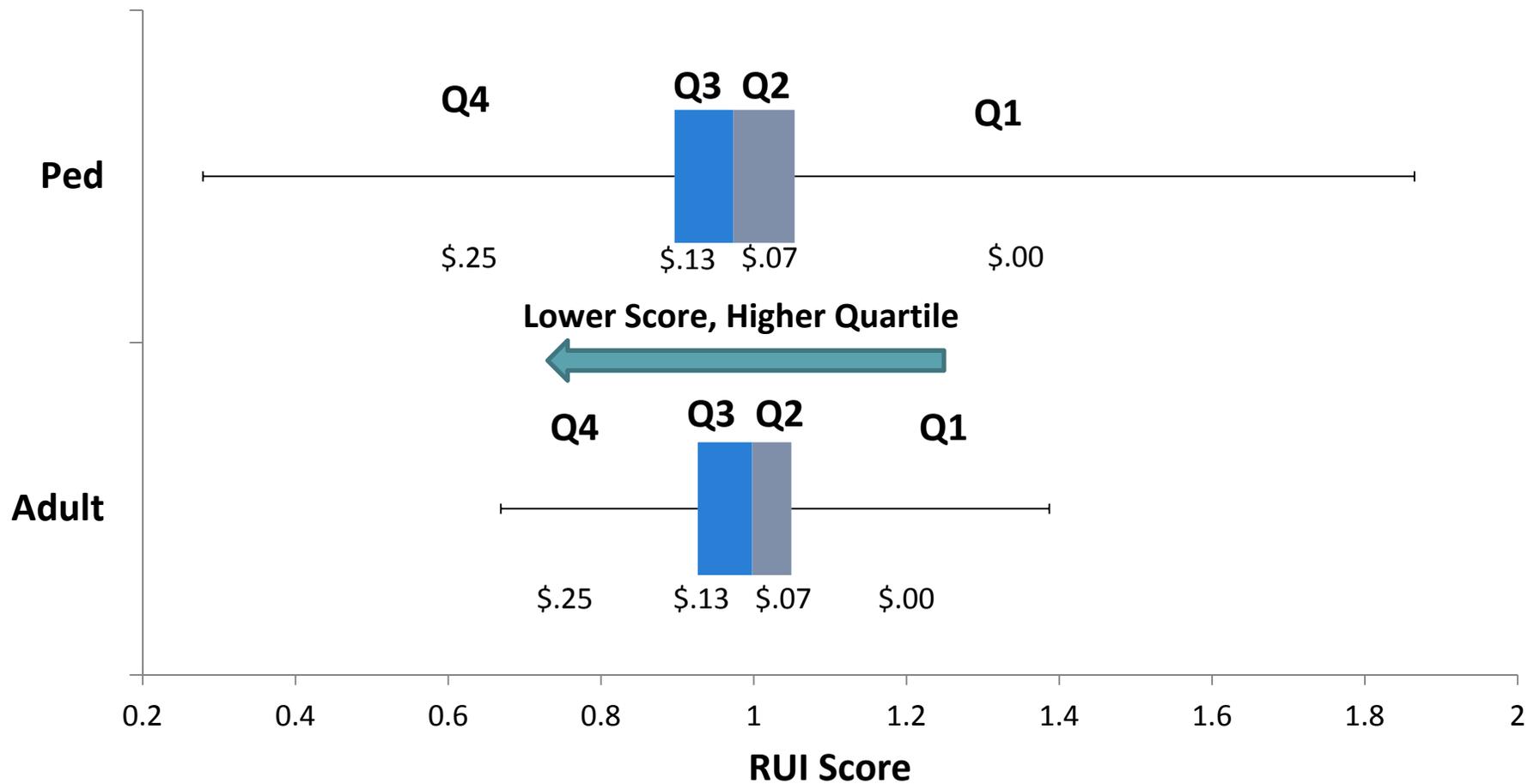
Total Scores and Payments Using Absolute Percentage Change Methodology

HSA	Total Score	Eligible payment amount	Population Distribution	Statewide Weighted Average Payment
Barre	4	\$0.07	12.0%	\$0.0954
Burlington	7	\$0.13	30.3%	
Morrisville	4	\$0.07	5.5%	
Randolph	3	\$0.07	3.1%	
Newport	7	\$0.13	4.2%	
St. Johnsbury	4	\$0.07	4.7%	
St. Albans	3	\$0.07	7.5%	
Middlebury	4	\$0.07	6.0%	
Rutland	7	\$0.13	8.6%	
Bennington	6	\$0.13	4.2%	
Springfield	1	\$0.00	4.3%	
White River Jct.	4	\$0.07	4.8%	
Brattleboro	5	\$0.07	4.8%	

**UTILIZATION MEASURE –
BASED ON PRACTICE TOTAL
RESOURCE USE INDEX SCORE**

Utilization Quartile Ranges

*Q1, Q2, & Q3 are Quartile Thresholds



Utilization Quartile Ranges

Quartile	Adult Quartile Range	Ped. Quartile Range	Payment Eligibility
Q4	≤ 0.93	≤ 0.89	\$0.25
Q3	0.94-1.00	0.88-0.97	\$0.13
Q2	1.01-1.05	0.98-1.06	\$0.07
Q1	≥ 1.06	≥ 1.07	\$0.00

Utilization – Based on Practice Performance

- Total Resource Use Index (RUI) Score
 - In Blueprint practice profiles: Table 5 in adult profiles, Table 4 in pediatric profiles

Index Scoring by Practice Population

- Most practices had both pediatric and adult populations, each with separate RUI
 - RUI associated with majority population used for assigning payment unless minority population made up more than 25% of practice population; then used better RUI for payment.
 - Only 4 practices had minority populations that made up more than 25% of the total practice population AND that had a higher RUI score.
 - PMPM applied to total practice population to calculate total monthly payments