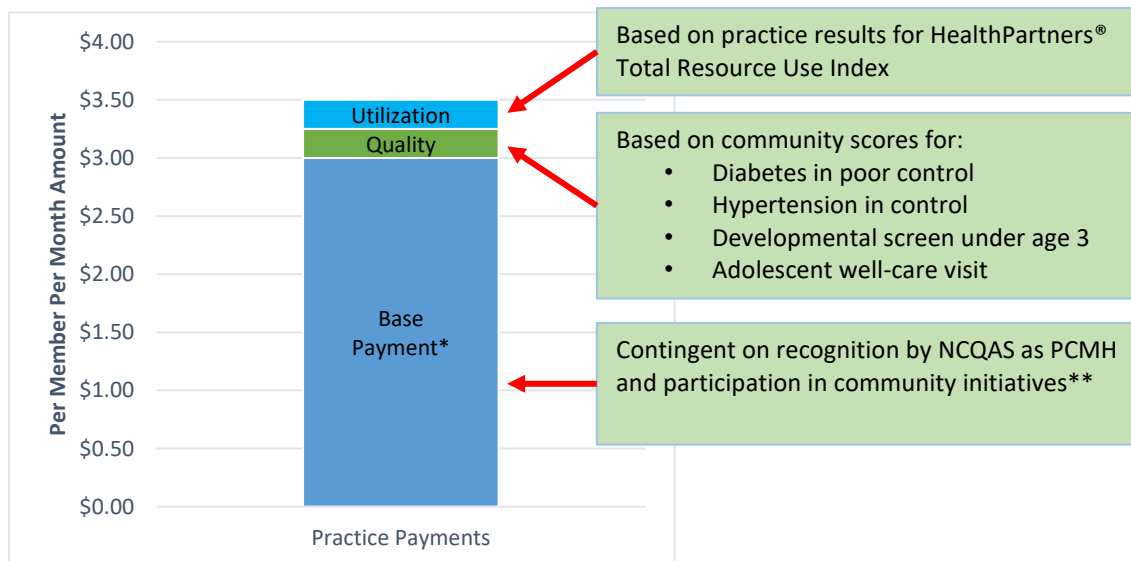


Blueprint for Health: 2020 Performance Payment Profiles (Calendar Year 2018 Data)

Introduction

In 2016, with an increased appropriation and the elimination of scoring in the National Committee of Quality Assurance (NCQA) process for patient-centered medical home recognition, the Blueprint for Health revised its formula for calculating per member per month (PMPM) payments to PCMHs. These revised payments included a base payment contingent on NCQA recognition and participation in community collaboratives. They also included two performance-based payments related to health service utilization and quality.



*Base payments differ for commercial (\$3.00), Medicaid (\$4.65), and Medicare (\$2.00)

** Practices and CHT participate in at least one community quality initiative per year

The Measures

Utilization

Health service utilization is measured at the practice level and looks at the practice's resource use index (RUI) score.¹ This score captures not only the number of services, but each service's relative weight based on how resource intensive it is, without the influence of price variation. The RUI scores are found in the practice profiles. The payment associated with each range of RUI scores is shown on page 5 of this document (Table 7).

Quality

The measures used for the quality performance payment focus on prevention and health outcomes. They are assessed at the community or hospital service area (HSA) level, and therefore include measures impacted by community, social, and environmental factors:

¹ Health Partners RUI [https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/dev_057425.pdf]

- Percent of adolescents with an annual well-care visit (HEDIS AWC);
- Percent of children up to three years of age who have had a developmental screening (NQF 1448);
- Percent of individuals with hypertension in control (NQF 0018);
- Percent of individuals with diabetes in poor control (HgA1c > 9) (NQF 0059).

Calculating the Quality Score

The calculation for the quality performance payments is based on a scoring system. Specifically, three possible points are available for each measure, and the total points summed across all measures determines the payment level. To earn points, an HSA must demonstrate reaching a benchmark and/or improvement. For example, if an HSA performs better than the state average, practices in that area receive 1 point for that measure. If the HSA demonstrates improvement from one measurement period to the next for each measure, the practices receive an 2 points. If they both perform above the benchmark and improve, practices receive a total of 3 points for that measure. Alternatively, if the HSA is in the 90th percentile relative to other HSAs or above the HEDIS National 90th percentile (if available), practices in that HSA receive all 3 points regardless of whether there was improvement or not. Across the four measures, practices can receive a maximum of 12 points. The details for calculating the Quality Performance Payment scores and corresponding payments are found [here](#).² The following table lists the payment amounts corresponding to points received based on HSA-wide performance.

Table 1. Points and Corresponding Payment

Total Points	Quality PMPM Payment
0-2 points	\$0.00
3-5 points	\$0.07
6-8 points	\$0.13
≥ 9 points	\$0.25

Results

The quality measures are measured at the community level to incentivize community-wide collaboration and coordination of care. The following tables show the most recent outcomes for each quality measure by HSA. They also show the previous year’s outcomes and change from one measurement period to the next. Of note, an adjustment to the improvement calculation has been applied this year to address changes in data available in VHCURES, which resulted in an older and sicker population than in previous years. Without the adjustment, the statewide and HSA averages appear worse for some measures. Therefore, the one-time adjustment to the improvement scores reduced (held harmless) any deterioration in HSAs’ quality improvement scores between calendar years 2016 and 2017 by an amount of change equivalent to any worsening in the statewide-average scores. For example, if an HSA’s measure rate worsened by 2 percentage points, but the statewide average measure rate worsened by 3 percentage points, we subtracted out the statewide trend, leaving the HSA with a (relative) measure rate improvement of 1 percentage point.

The Table 6 shows the quality scores and the corresponding payment levels received by the practices in each HSA. Table 7 shows RUI score ranges and corresponding payment levels.

² Full link:

<https://blueprintforhealth.vermont.gov/sites/bfh/files/Blueprint%20Performance%20Payment%20Calculation%20Methodology%20180103.pdf>

Table 2. Adolescent Well-Visit (HEDIS AWC)

Statewide Adjusted Average: 55.76%

High Achiever Benchmark: 66.80%

<i>Hospital Service Area</i>	CY2017 Adjusted Rate	CY2018 Adjusted Rate	Raw Improvement Percentage Pts.	After-Adjustment* Improvement Percentage Pts.	Points Earned
<i>Barre</i>	54.60%	57.55%	2.95%	2.95%	2.00
<i>Bennington</i>	52.80%	54.03%	1.23%	1.23%	1.00
<i>Brattleboro</i>	53.60%	56.00%	2.40%	2.40%	2.00
<i>Burlington</i>	54.40%	57.25%	2.85%	2.85%	2.00
<i>Middlebury</i>	54.50%	56.10%	1.60%	1.60%	2.00
<i>Morrisville</i>	51.80%	54.22%	2.42%	2.42%	1.00
<i>Newport</i>	52.20%	53.03%	0.83%	0.83%	1.00
<i>Randolph</i>	52.705	55.07%	2.37%	2.37%	1.00
<i>Rutland</i>	53.50%	54.34%	0.84%	0.84%	1.00
<i>Springfield</i>	52.50%	53.60%	1.10%	1.10%	1.00
<i>St Albans</i>	53.50%	54.81%	1.31%	1.31%	1.00
<i>St Johnsbury</i>	53.80%	55.24%	1.44%	1.44%	1.00
<i>White River Jct</i>	54.20%	56.29%	2.09%	2.09%	2.00

*The statewide adjusted average improved by 2.05 percentage points. There was no worsening of the statewide adjusted average and therefore no adjustment for statewide trend was applied to the improvement calculation.

Table 3. Developmental Screening Under the Age of 3 (NQF 1448)

Statewide Adjusted Average: 66.39%

High Achiever Benchmark: 72.42%

Table 3.

<i>Hospital Service Area</i>	CY2017 Adjusted Rate	CY2018 Adjusted Rate	Raw Improvement Percentage Pts.	After-Adjustment* Improvement Percentage Pts.	Points Earned
<i>Barre</i>	71.40%	74.79%	3.39%	3.39%	3.00
<i>Bennington</i>	58.20%	58.53%	0.33%	0.33%	1.00
<i>Brattleboro</i>	60.90%	62.05%	1.15%	1.15%	1.00
<i>Burlington</i>	70.20%	73.79%	3.59%	3.59%	3.00
<i>Middlebury</i>	64.10%	66.50%	2.40%	2.40%	2.00
<i>Morrisville</i>	59.30%	60.65%	1.35%	1.35%	1.00
<i>Newport</i>	46.80%	47.54%	0.74%	0.74%	1.00
<i>Randolph</i>	60.50%	61.47%	0.97%	0.97%	1.00
<i>Rutland</i>	59.60%	57.78%	-1.82%	-1.82%	0.00
<i>Springfield</i>	56.70%	59.09%	2.39%	2.39%	1.00
<i>St Albans</i>	57.80%	60.58%	2.78%	2.78%	1.00
<i>St Johnsbury</i>	60.30%	61.91%	1.61%	1.61%	1.00
<i>White River Jct</i>	63.40%	66.92%	3.52%	3.52%	2.00

*The statewide adjusted average improved by 2.86% percentage points. There was no worsening of the statewide adjusted average and therefore no adjustment for statewide trend was applied to the improvement calculation.

Table 4. Hypertension: Controlling Blood Pressure (NQF 0018)

Statewide Adjusted Average: 65.77%

High Achiever Benchmark: 71.00%

<i>Hospital Service Area</i>	CY2017 Adjusted Rate	CY2018 Adjusted Rate	Raw Improvement Percentage Pts.	After-Adjustment* Improvement Percentage Pts.	Points Earned
<i>Barre</i>	64.20%	65.60%	1.40%	1.40%	1.00
<i>Bennington</i>	65.10%	66.27%	1.17%	1.17%	2.00
<i>Brattleboro</i>	65.10%	66.33%	1.23%	1.23%	2.00
<i>Burlington</i>	63.90%	65.19%	1.29%	1.29%	1.00
<i>Middlebury</i>	65.00%	66.50%	1.50%	1.50%	2.00
<i>Morrisville</i>	64.90%	66.11%	1.21%	1.21%	2.00
<i>Newport</i>	65.40%	66.28%	0.88%	0.88%	2.00
<i>Randolph</i>	65.50%	66.71%	1.21%	1.21%	2.00
<i>Rutland</i>	64.40%	66.11%	1.71%	1.71%	2.00
<i>Springfield</i>	65.20%	66.02%	0.82%	0.82%	2.00
<i>St Albans</i>	64.80%	66.04%	1.24%	1.24%	2.00
<i>St Johnsbury</i>	65.00%	65.86%	0.86%	0.86%	2.00
<i>White River Jct</i>	65.00%	66.13%	1.13%	1.13%	2.00

*The statewide adjusted average improved by 1.24% percentage points. There was no worsening of the statewide adjusted average, and therefore no adjustment for statewide trend was applied to the improvement calculation.

Table 5. Diabetes Poor Control (HbA1c > 9%) (NQF 0059)

Statewide Adjusted Average: 14.13%

High Achiever Benchmark: 13.38%

<i>Hospital Service Area</i>	CY2017 Adjusted Rate	CY2018 Adjusted Rate	Raw Improvement Percentage Pts.	After-Adjustment* Improvement Percentage Pts.	Points Earned
<i>Barre</i>	13.40%	13.49%	-0.09%	-0.09%	1.00
<i>Bennington</i>	13.70%	14.75%	-1.05%	-1.05%	0.00
<i>Brattleboro</i>	14.10%	18.41%	-4.31%	-4.31%	0.00
<i>Burlington</i>	13.50%	13.89%	-0.39%	-0.39%	1.00
<i>Middlebury</i>	14.20%	14.30%	-0.10%	-0.10%	0.00
<i>Morrisville</i>	13.70%	14.74%	-1.04%	-1.04%	0.00
<i>Newport</i>	14.30%	14.35%	-0.05%	-0.05%	0.00
<i>Randolph</i>		16.29%			0.00
<i>Rutland</i>	14.20%	12.49%	1.71%	1.71%	3.00
<i>Springfield</i>	14.60%	15.07%	-0.47%	-0.47%	0.00
<i>St Albans</i>	13.60%	14.16%	-0.56%	-0.56%	0.00
<i>St Johnsbury</i>	15.10%	15.60%	-0.50%	-0.50%	0.00
<i>White River Jct</i>	13.60%	13.35%	0.25%	0.25%	3.00

*The statewide adjusted average improved by .32% percentage points. There was no worsening of the statewide adjusted average, and therefore no adjustment for statewide trend was applied to the improvement calculation.

Summary Tables

Table 6. Community Quality Scores

<i>Hospital Service Area</i>	Adolescent Well-Care	Develop. Screening <3	Blood Pressure Control	Diabetes Poor Control	Total Score	Quality Payment PMPM
<i>Barre</i>	2.00	3.00	1.00	1.00	7.00	\$0.13
<i>Bennington</i>	1.00	1.00	2.00	0.00	4.00	\$0.07
<i>Brattleboro</i>	2.00	1.00	2.00	0.00	5.00	\$0.07
<i>Burlington</i>	2.00	3.00	1.00	1.00	7.00	\$0.13
<i>Middlebury</i>	2.00	2.00	2.00	0.00	6.00	\$0.13
<i>Morrisville</i>	1.00	1.00	2.00	0.00	4.00	\$0.07
<i>Newport</i>	1.00	1.00	2.00	0.00	4.00	\$0.07
<i>Randolph</i>	1.00	1.00	2.00	0.00	4.00	\$0.07
<i>Rutland</i>	1.00	0.00	2.00	3.00	6.00	\$0.13
<i>Springfield</i>	1.00	1.00	2.00	0.00	4.00	\$0.07
<i>St Albans</i>	1.00	1.00	2.00	0.00	4.00	\$0.07
<i>St Johnsbury</i>	1.00	1.00	2.00	0.00	4.00	\$0.07
<i>White River Jct</i>	2.00	2.00	2.00	3.00	9.00	\$0.25

Table 7. Utilization Score Ranges and Payment (Calendar Year 2018)

Adult RUI Score Range	Pediatric RUI Score Range	PMPM Payment Eligibility
≤ 0.923	≤ 0.908	\$0.25
0.924 – 0.987	0.909 – 0.972	\$0.13
0.988 – 1.057	0.973 – 1.066	\$0.07
≥ 1.058	≥ 1.067	\$0.00