

Blueprint for Health Performance Payment Measures

Understanding Blueprint Performance Payment Measures: What they are,
how they are measured, and what practices can do to improve

[Payment-Profile-CY-2022.pdf \(vermont.gov\)](#)

[Section 5.1.1.of BP Manual](#); [Quality Payment Profiles](#)

April 2024

Objectives

- Review Blueprint for Health performance payment measures: 4 clinical quality measures and 1 resource utilization measure
- Review high level measure specifications, relevance, and data
- Highlight latest evidence and resources to support improvement strategies
- Review scoring and payment policies
- Discuss alignment and future directions

Blueprint for Health Performance Payment Measures

Developmental
Screening
Under Age 3

Child and
Adolescent
Well-Visit

HTN:
Controlling
Blood Pressure

Diabetes Poor
Control (HgA1C
>9%)

Resource
Utilization
Index (RUI)

Data

- Claims Based Data- Vermont Health Care Uniform Reporting and Evaluation System (VHCURES).
- Clinical - VITL Health Information Exchange
- Community Level Measurement
- As of January 2024:
 - 90/120 PCMH practices (75%) are live to send the minimal Admit/Discharge/Transfer (ADT) information to the VHIE OR 113 (94%) are live, requested or in the Implementation phase.
 - 72 of the 120 (60%) are live to send the more comprehensive Continuity of Care Document (CCD) information to the VHIE OR 108 (90%) are live, requested or in the Implementation phase.
- Claims lag (2-year data delay)

Quality Improvement Cycle



Developmental Screening under Age 3

- Claims based measure; (~~NQF 1448~~)
No longer NQF Endorsed
- Part of the Core Quality Measures Collaborative (CQMC) core Pediatric measure set
- [Developmental Screening in the First Three Years of Life | Partnership for Quality Measurement \(p4qm.org\)](#)
- Measure Steward: [Oregon Health & Science University](#)



Relevance

- As many as 1 in 4 children, ages 0-5, are at moderate or high risk for developmental, behavioral, or social delay.
- The proportion of young children receiving at least one developmental screening in the first three years of life increased from 46.6% in 2015 to 59.2% in 2021
- Increased incidence of developmental and social-emotional delays for toddlers, especially those of lower socioeconomic status, following COVID-19 pandemic (Deoni et al, 2021)

What it Measures

- The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life and combines three age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.

Clinical Guidelines & Preferred Tools

At 9, 18, and 30 Month Visits, health care providers should perform structured developmental screens. Referral should be made to an appropriate early intervention program or developmental specialist for evaluation if indicated.

- Ages & Stages Questionnaires[®], Third Edition (ASQ-3[™])
- Ages & Stages Questionnaires[®]: Social-Emotional, Second Edition (ASQ:SE-2[™])
- Survey of Well-being of Young Children (SWYC)

[Bright Futures Guidelines](#)

[BIRTH TO 5: WATCH ME THRIVE!](#)

[Vermont Department of Health Developmental Screening Guidelines](#)

Claims – CPT Code 96110

- Thoroughly document the developmental screen. Include details like the date, duration, and specific assessments used.
- Use CPT Code 96110 for billing. Ensure this code matches the services provided. Misalignment between services and codes is a common error that can lead to claim rejections.
- Once you've documented and coded the service, submit the claim to the insurance provider. Ensure all the necessary information is included to avoid delays.

Calculation

- Numerator: The numerator identifies children who were screened for risk of developmental, behavioral and social delays using a standardized tool. National recommendations call for children to be screened at the 9, 18, and 24-month well visits to ensure periodic screening in the first, second, and third years of life. The measure is based on three, age-specific indicators.
- Denominator: Considers age (1,2,or 3 Jan-Dec) and continuous enrollment (12 months prior)

$$(N1 + N2 + N3)$$

$$(D1 + D2 + D3)$$

Data

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

Statewide Adjusted Average: 71.85%

High Achiever Benchmark: 80.67%

Table 3.

<i>Hospital Service Area</i>	CY2021 Adjusted Rate	CY2022 Adjusted Rate	Raw Improvement Percentage Pts.	After-Adjustment* Improvement Percentage Pts.	Points Earned
<i>Barre</i>	60.8%	64.65%	3.80%	3.80%	1.00
<i>Bennington</i>	73.5%	81.08%	7.55%	7.55%	3.00
<i>Brattleboro</i>	76.1%	76.48%	0.40%	0.40%	2.00
<i>Burlington</i>	74.6%	75.27%	0.64%	0.64%	2.00
<i>Middlebury</i>	76.9%	70.34%	-6.55%	-6.55%	0.00
<i>Morrisville</i>	59.1%	60.56%	1.51%	1.51%	1.00
<i>Newport</i>	55.2%	69.97%	14.79%	14.79%	2.00
<i>Randolph</i>	81.2%	72.16%	-9.02%	-9.02%	1.00
<i>Rutland</i>	56.0%	62.18%	6.15%	6.15%	2.00
<i>Springfield</i>	82.4%	79.01%	-3.44%	-3.44%	1.00
<i>St Albans</i>	78.9%	81.63%	2.69%	2.69%	3.00
<i>St Johnsbury</i>	74.3%	78.95%	4.63%	4.63%	2.00
<i>White River Jct</i>	67.0%	64.94%	-2.10%	-2.10%	0.00

Goal: Universal Screening or 100%

*There was no adjustment applied this year.

*Eligibility/claims for individuals <1 by end of year are not included in the measure calculation for Developmental Screening

Selected Improvement Strategies

- **Assess variation:** “Who was screened? Who wasn’t?”
 - Practice Level, then consider variation among insurance types (Medicaid), different rates for 1, 2, 3 years?
- **Create time, prioritize developmental screening:** scheduling, system reminders, team workload (re)distribution, prior parental/caregiver distribution of tools
- **Technology, Tools, and Training:** Help Me GrowVT! Vermont Universal Developmental Screening Registry – AsQ Online free for Vermont Providers
- **Consider culture, language, and literacy** appropriate approaches for population served.
- **Enhance team awareness, knowledge, and confidence** with administration, discussion of results, and follow-up
- **Establish multi-level, multi-sectoral collaborative partnerships** and trusting relationships (CIS, PCCs, EI, etc.)
- Increase knowledge, skill, and awareness for **assessment and diagnosis** in primary care (CHAMP 2023/2024)

QI Examples

- Hinesburg Family Medicine, 2015
 - [Implementing Developmental Screening per AAP Guidelines \(uvm.edu\)](#)
- [Improving Developmental Screening, Discussion, and Referral in Pediatric Practice - PMC \(nih.gov\)](#)
- [Increasing Early Childhood Screening in Primary Care Through a Quality Improvement Collaborative | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

Resources

- [Help Me Grow Vermont / Online ASQ](#)
- [Vermont Universal Developmental Screening Registry \(UDSR\)](#)
- [VCHIP](#)
- [Guidelines-for-Cultural-and-Linguistic-Adaptation-of-ASQ.pdf \(agesandstages.com\)](#)
- [A Roadmap for Advancing Family-Engaged Developmental Monitoring from Help me Grow National Center](#)
- [Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)

Child and Adolescent Well-Visit

- Claims based measure; HEDIS AWC
- Measure Steward: [NCQA](#)



Relevance

- Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.¹
- Well-care visits provide an opportunity for providers to influence health and development and they are a critical opportunity for screening and counseling.²
- Significant drop in AWC visit rates for ages 12-17, then 18-21 in Vermont PCMHs

Clinical Guidelines

- [Bright Futures \(aap.org\)](#)
- [Preventive Care/Periodicity Schedule \(aap.org\)](#)

What it Measures

- Assesses children 3–21 years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.
 - The PCP does not have to be the practitioner assigned to the child
 - Continuous enrollment required
 - Excludes patients with hospice encounters or who died during the year

Components and Documentation

- Document the date when the well-child visit occurred and evidence of all of the following:
 1. Health history,
 2. Physical developmental history,
 3. Mental developmental history,
 4. Physical exam, and
 5. Health education/anticipatory guidance.
- Include the following types of medical records:
 - Progress notes/Office visit notes with dated growth chart
 - Complete Physical Examination Form
 - Anticipatory Guidance/Developmental Milestone Form

Claims – Well-Care

- Well-Care
 - CPT: 99382-99385, 99392- 99395
 - HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
 - ICD-10-CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
- The well-care visit may be conducted during a sick visit if the documentation addresses the intent of the visit as well as all elements of a well-care visit including a comprehensive physical examination (check insurance manuals for appropriate modifiers)

Data

Table 2. Child and Adolescent Well-Visit (HEDIS AWC)

Statewide Adjusted Average: 60.82%

High Achiever Benchmark: 64.17%

<i>Hospital Service Area</i>	CY2021 Adjusted Rate	CY2022 Adjusted Rate	Raw Improvement Percentage Pts.	After-Adjustment* Improvement Percentage Pts.	Points Earned
<i>Barre</i>	56.65%	57.02%	0.37%	0.37%	1.00
<i>Bennington</i>	60.77%	65.56%	4.79%	4.79%	3.00
<i>Brattleboro</i>	56.62%	53.65%	-2.97%	-2.97%	0.00
<i>Burlington</i>	65.23%	64.11%	-1.12%	-1.12%	1.00
<i>Middlebury</i>	61.72%	63.95%	2.23%	2.23%	2.00
<i>Morrisville</i>	53.10%	50.22%	-2.88%	-2.88%	0.00
<i>Newport</i>	65.48%	61.21%	-4.28%	-4.28%	1.00
<i>Randolph</i>	63.04%	61.57%	-1.48%	-1.48%	1.00
<i>Rutland</i>	59.83%	57.38%	-2.45%	-2.45%	0.00
<i>Springfield</i>	59.95%	53.18%	-6.77%	-6.77%	0.00
<i>St Albans</i>	63.77%	61.88%	-1.89%	-1.89%	1.00
<i>St Johnsbury</i>	61.62%	67.41%	5.79%	5.79%	3.00
<i>White River Jct</i>	62.50%	65.83%	3.28%	3.28%	3.00

*There was no adjustment applied this year.

Community Profiles Breakdown:

AWC 3-11 years

AWC 12-17 years

AWC 18-21 years

[Community profiles](#)

[Dataset 2021.xlsx](#)

[\(live.com\)](#)

Selected Improvement Strategies

- **Schedule the child's next preventive care visit** while the patient is waiting to be seen by the provider; if this isn't possible, schedule the next visit before the patient leaves the office (or the exam room if necessary).
- Make **outreach calls and/or send letters** to advise members/parents of the need for a visit. Offer **block scheduling for families with multiple children** who need a well-care visit.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits and sports physicals) to **provide well care components** when applicable.
 - Non-well visits will count towards compliance if all five documentation components are included in the visit note.
 - Make sports/day care physicals into well-care visits by scheduling the appropriate visit time, performing the required services, and submitting appropriate codes.
 - Use all visits as teachable moments to increase well-care visits and health literacy
- Take advantage of back-to-school season to do **outreach campaigns** or educate about the importance of well-child visits.

- Consider the parent’s work schedule as a barrier to the visit, and **offer extended evening or weekend hours.**
- Set up **EMR alerts** to:
 - Flag patients due for a well child visit either in practice management when scheduling or within the EMR during the visit.
 - Trigger staff to make reminder phone calls.
- Use **standardized templates** in charts and in EMRs that allow checkboxes for standard counseling activities.
- Have printed, customized **reminder letters** or “reminder birthday cards” ready to hand out and mail to parents and guardians, notifying them when adolescents are overdue for an exam
- Ensure clearinghouses and/or third-party billing contractors **include all codes, regardless of reimbursement.**

Selected Improvement Strategies - Adolescent

- Get them in
 - Go to them
 - Same day and walk in visits
 - Increase availability during sports physical deadlines
- Set the stage for a successful visit; transitioning the adolescent to the primary (not the parent, on behalf of the child)
 - Intentional and explicit discussions about the adolescent's rights related to confidential care
 - During the course of the visit, private time with the adolescent
- Implement Broad Strength- and Risk-based Screening
 - NEED to address confidentiality and allow for private time in the room
 - Have Adolescent and Parent complete separate tools at the same time
 - Emphasize strengths as much as risks

Hypertension: Controlling Blood Pressure (NQF 0018)

- Claims and Clinical Measure
- [Quality ID #236: Controlling High Blood Pressure \(cms.gov\)](#)
- [Measure Steward: NCQA](#)
- NQF Endorsed – PQM next review in Fall 2025



Relevance

- Hypertension is the most significant cardiac risk factor in older adults and Vermont data show that it may be under-identified and not as well controlled as possible.
- Cardiovascular Disease is a serious health condition that affects over 42,000 Vermonters a year. It is a leading cause of death among Vermonters (approx. 1,500) and in the U.S. overall.
- The main goal of management is to decrease the risk of mortality and of cardiovascular and renal morbidity

Clinical Guidelines

- [AAFP Hypertension Guideline.pdf](#)

What it Measures

- Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled.
- If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

Calculation

- **Numerator** = Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.
- **Denominator** = Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.
- **Exclusions** - This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.
- Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.

Data

Measure Year	Commercial HMO	Commercial PPO	Medicaid HMO	Medicare HMO	Medicare PPO
2022	63.8	54.9	60.9	72.9	70.2

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

Statewide Adjusted Average: 82.93%

High Achiever Benchmark: 69.19%

<i>Hospital Service Area</i>	CY2021 Adjusted Rate	CY2022 Adjusted Rate	Raw Improvement Percentage Pts.	After-Adjustment* Improvement Percentage Pts.	Points Earned
<i>Barre</i>	88.2%	89.90%	1.72%	1.72%	3.00
<i>Bennington</i>	72.3%	77.51%	5.22%	5.22%	3.00
<i>Brattleboro</i>	72.4%	81.04%	8.66%	8.66%	3.00
<i>Burlington</i>	75.3%	80.77%	5.50%	5.50%	3.00
<i>Middlebury</i>	81.4%	83.05%	1.66%	1.66%	3.00
<i>Morrisville</i>	74.8%	80.89%	6.10%	6.10%	3.00
<i>Newport</i>	84.5%	79.75%	-4.78%	-4.78%	3.00
<i>Randolph</i>	73.9%	72.05%	-1.88%	-1.88%	3.00
<i>Rutland</i>	73.6%	75.58%	2.02%	2.02%	3.00
<i>Springfield</i>	52.7%	75.73%	22.99%	22.99%	3.00
<i>St Albans</i>	83.7%	86.83%	3.17%	3.17%	3.00
<i>St Johnsbury</i>	83.3%	87.08%	3.75%	3.75%	3.00
<i>White River Jct</i>	61.1%	70.10%	8.98%	8.98%	3.00

*There was no adjustment applied this year.

Selected Improvement Strategies

- Panel management/registry
- Pre-visit planning
- **Identifying and addressing barriers to successful implementation of interventions**
- Team based care
- Blood pressure measurement accuracy and consistency
- Hypertension order sets/Clinical Decision Supports
- Home/community blood pressure monitoring
- Medication adherence
- Self-management strategies – diet, exercise, stress management
- Structured data fields that are able to be pulled into report via code or value

QI Examples

- [Improving Hypertension Control in Primary Care With the Measure Accurately, Act Rapidly, and Partner With Patients Protocol | Hypertension \(ahajournals.org\)](#)

Resources

- [HPDP Hypertension-Management-Toolkit_v1.0.pdf \(healthvermont.gov\)](#)
- [Hypertension Control Change Package | Million Hearts® \(hhs.gov\)](#)
- [Literature Review: Hypertension Management & Prevention Program Considerations for Vermont](#)
- [Implementation Strategies to Improve Blood Pressure Control in the United States: A Scientific Statement From the American Heart Association and American Medical Association | Hypertension \(ahajournals.org\)](#)
- [Home - MyHealthyVT](#)

Diabetes Poor Control (HbA1c > 9%) (NQF 0059)

- Claims and Clinical Measure
- Quality ID #1 (NQF 0059): Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (cms.gov)
- Measure Steward: NCQA
- NQF Endorsed – PQM next review in Fall 2025
- Inverse measure – lower is better!



Relevance

- More than 55,000 Vermonters have diagnosed diabetes.
- The rates for diabetes in Vermont have been steady for the past several years, but there are estimated to be 165,000 people in Vermont (33.6% of the adult population) who have prediabetes with blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes.
- Every year an estimated 4,437 people in Vermont are diagnosed with diabetes.

Clinical Practice Guidelines

- American Diabetes Association (ADA) 2023: [American Diabetes Association 2023 Clinical Practice Guidelines](#)
- American Association of Clinical Endocrinology (AACE) 2022: [Diabetes Guidelines and Algorithms | American Association of Clinical Endocrinology \(aace.com\)](#)

What it Measures

- Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
- Excludes:
 - Hospice and Palliative,
 - 66+in Institutional Special Needs Plans (SNP) or residing in long-term care
 - 66+ with frailty AND a dispensed medication for dementia
 - 66+ with frailty AND either one acute with advanced illness or two outpatient, observation, ED or nonacute inpatient with an advanced illness diagnosis

Calculation

- Denominator: 18-75 and Diabetes diagnosis
- Numerator:
 - Most recent hemoglobin A1c level > 9.0% **(3046F)**
 - Hemoglobin A1c level was not performed during the measurement period (12 months) **(3046F with 8P)**
 - Most recent hemoglobin A1c (HbA1c) level < 7.0% **(3044F)**
 - Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% **(3051F)**
 - Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% **(3052F)**

Data

Measure Year	Commerical HMO	Commercial PPO	Medicaid HMO	Medicare HMO	Medicare PPO
2022	28.5	36.6	40.3	21.9	21.8

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

Statewide Adjusted Average: 27.40%

High Achiever Benchmark: 19.55%

<i>Hospital Service Area</i>	CY2021 Adjusted Rate	CY2022 Adjusted Rate	Raw Improvement Percentage Pts.	After-Adjustment* Improvement Percentage Pts.	Points Earned
<i>Barre</i>	22.9%	34.51%	-11.65%	-11.65%	0.00
<i>Bennington</i>	31.7%	19.03%	12.64%	12.64%	3.00
<i>Brattleboro</i>	24.1%	14.45%	9.66%	9.66%	3.00
<i>Burlington</i>	31.3%	22.44%	8.85%	8.85%	3.00
<i>Middlebury</i>	31.6%	32.04%	-0.43%	-0.43%	0.00
<i>Morrisville</i>	21.6%	34.14%	-12.59%	-12.59%	0.00
<i>Newport</i>	21.4%	46.82%	-25.41%	-25.41%	0.00
<i>Randolph</i>	30.3%	33.07%			0.00
<i>Rutland</i>	48.1%	32.55%	15.50%	15.50%	2.00
<i>Springfield</i>	36.9%	23.22%	13.71%	13.71%	3.00
<i>St Albans</i>	46.7%	23.86%	22.85%	22.85%	3.00
<i>St Johnsbury</i>	23.1%	23.14%	-0.05%	-0.05%	1.00
<i>White River Jct</i>	28.9%	21.64%	7.26%	7.26%	3.00

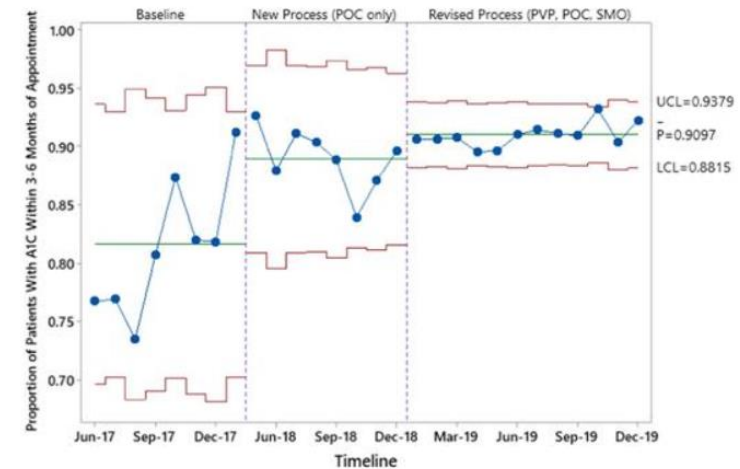
* There was no adjustment applied this year.

Selected Improvement Strategies

- Implementing evidence-based guidelines
- Expanding the role of teams to implement more intensive disease management strategies
- Redesigning the care process
- Implementing electronic health record tools
- Activating and educating patients
- Removing financial barriers and reducing patient out-of-pocket costs for diabetes education, eye exams, self-monitoring of blood glucose, and necessary medications
- **Addressing SDOH and Psychosocial Support**

QI Examples

- [Improving Diabetes Control Using Lean Six Sigma Quality Improvement in an Endocrine Clinic in a Large Accountable Care Organization | Clinical Diabetes | American Diabetes Association \(diabetesjournals.org\)](#)
- [Quality Improvement in Diabetes Care: A Review of Initiatives and Outcomes in the T1D Exchange Quality Improvement Collaborative | Clinical Diabetes | American Diabetes Association \(diabetesjournals.org\)](#)



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Proportion of patients with A1C testing within 3–6 months before an appointment. Sigma Z = 2.34923, 1.94601, 0.846439. POC, point of care; PVP, pre-visit planning; SMO, standing medical order.

Resources

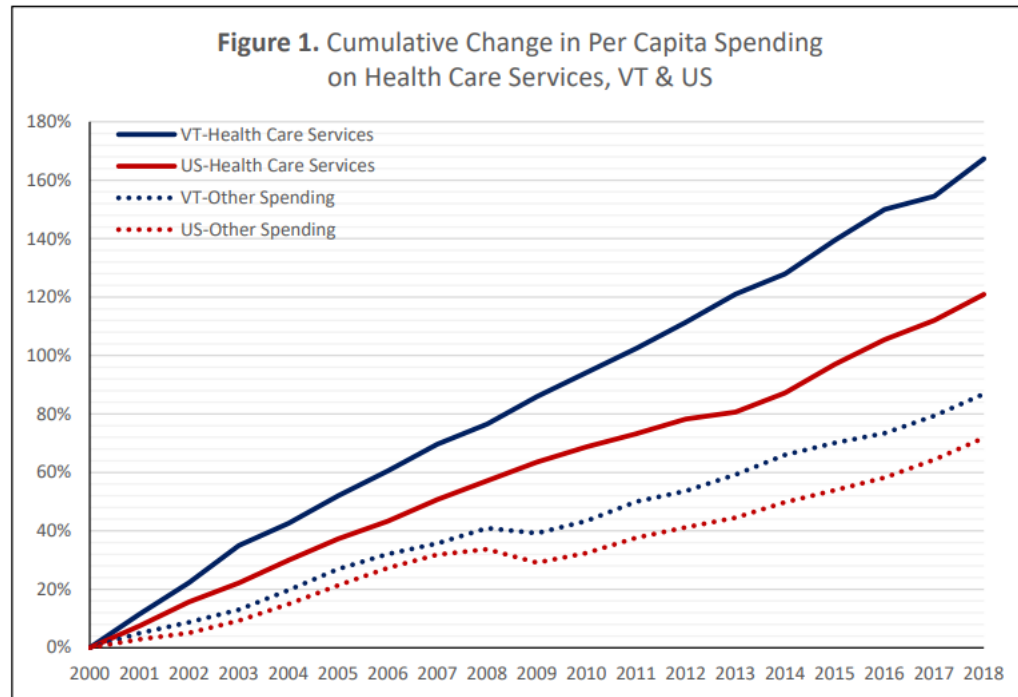
- [Free Tools and Resources for Diabetes | Vermont Department of Health \(healthvermont.gov\)](#)
- [Guide for Diabetes Care](#)
- [Preventing Type 2 Diabetes Guide](#)
- [Home - MyHealthyVT](#)

Resource Utilization Index

- Tracking health care cost involves a mix of complicated factors, including patient illness burden, market-specific variation, service utilization, and negotiated prices. As a result of these complexities, few cost measures are flexible enough to support different levels of analysis.
- To address this concern, the Blueprint utilizes Total Resource Use Index (RUI) measure
- [Total Resource Use Population-based PMPM Index](#) is NQF endorsed (PQM review in Spring 2025)
- Measure Steward: HealthPartners



Relevance



Source: Bureau of Economic Analysis (BEA). "Per capita personal consumption expenditures by state ([SAEXP2](#))."

If health care spending had increased at the same rate as the U.S. average, Vermonters would have spent roughly \$1 billion less in 2018.

- RUI is a risk adjusted measure of the frequency and intensity of services utilized to manage a provider group's patients. It can be an indicator of potential over/underuse of health services
 - Preventable emergency department visits and hospitalization.
 - Inappropriate medication use, lab testing, or consultations.
 - Unwarranted diagnostic or surgical procedures.
 - Inappropriate site-of-service usage

What it Measures

- Frequency (and cost) of:
 - Inpatient Stays
 - Outpatient (including ED) Encounters
 - Urgent Care Encounters
 - Primary Care Encounters
 - Specialist Encounters (Medical and Surgical)
 - Mental Health and Other Health Professional Services
 - Diagnostic Testing
 - Pharmacy
 - Special Services (Examples include day treatment, residential care, school-based services, dental services, transportation, and case-management)

Calculations

HealthPartners Proprietary Software

- Standardized for relative intensity of services used
 - E.g. Primary Care Encounter = 1 vs. Acute inpatient stay <3 days = 4
- Adjusted for age and disease burden

Blueprint for Health

- The Average RUI for the state is calculated to establish a standardized RUI score, and the score ranges represent 3 standard (upper) deviations from that mean with outliers removed.

Select RUI Improvement Strategies (within PCMH Control)

- 1. Get patients in the PCMH door!**
- 2. Risk stratify and identify care management populations**
focus on patients with Acute Care Utilization (and Potentially avoidable admissions/readmissions), Frequent ED/Urgent Care Utilization
- 3. Follow preventative care guidelines**
- 4. Practice antibiotic stewardship**
- 5. Review highest spend drugs for preferred drugs**

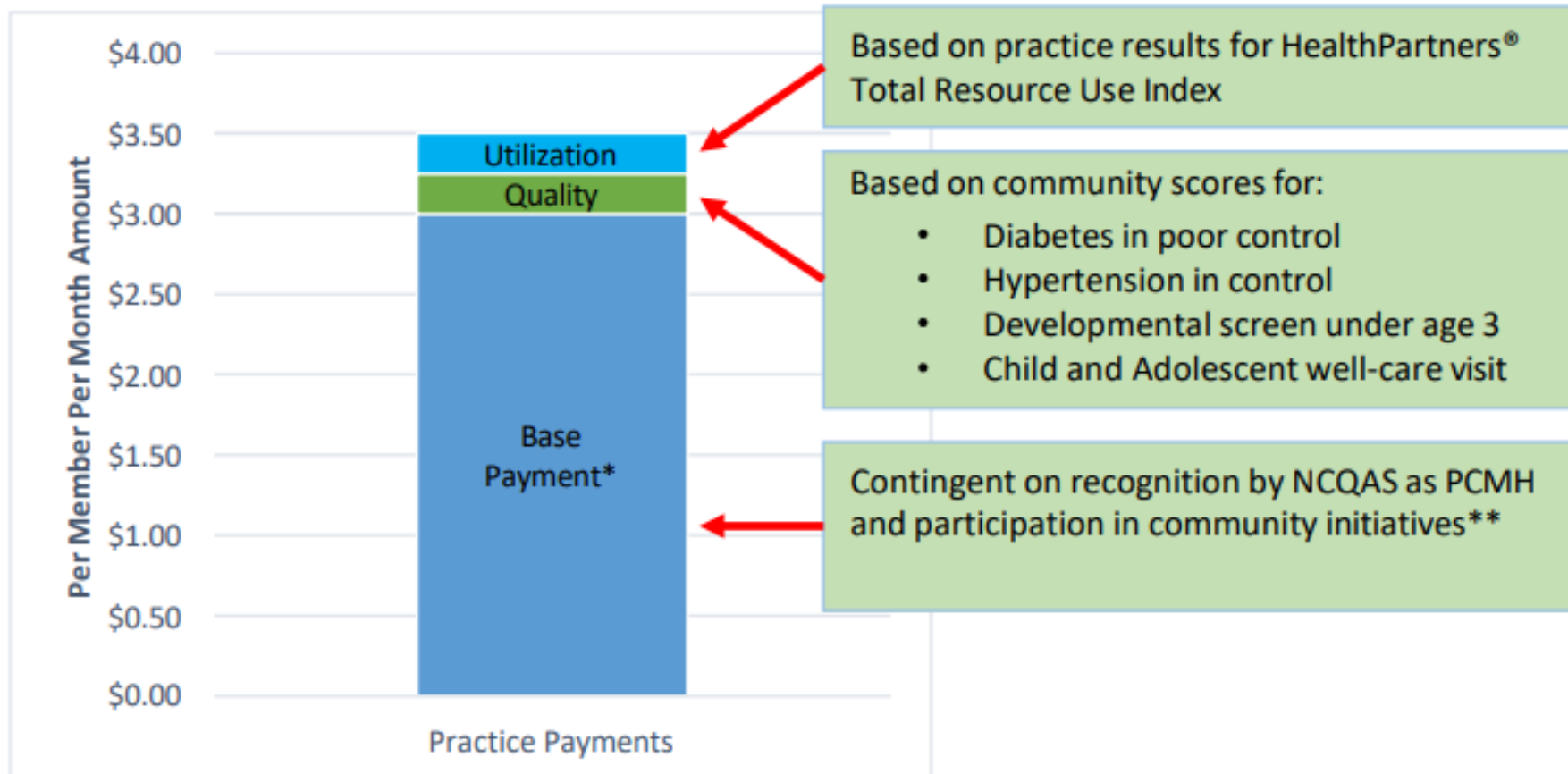
QI Examples and Resources

- [Total Cost of Care | HealthPartners](#)
- [The Effect of Primary Care Visits on Total Patient Care Cost: Evidence From the Veterans Health Administration - PMC \(nih.gov\)](#)
- [Antibiotic Stewardship Throughout the Primary Care Visit: Opportunities for Office Staff | AAFP](#)
- <https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria>

Scoring and Payment

- Clinical Quality calculated at Health Service Area Level and RUI paid at practice level
- Annual payment adjustment made April, likely to be reflected in May
- May not be separated out or identifiable to practice as a quality payment with the reason for the amount. This is why it is important for field staff to be discussing performance rate results with practices!

Payment Model



Methodology

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

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>	1.00	1.00	3.00	0.00	5.00	\$0.07
<i>Bennington</i>	3.00	3.00	3.00	3.00	12.00	\$0.25
<i>Brattleboro</i>	0.00	2.00	3.00	3.00	8.00	\$0.13
<i>Burlington</i>	1.00	2.00	3.00	3.00	9.00	\$0.25
<i>Middlebury</i>	2.00	0.00	3.00	0.00	5.00	\$0.07
<i>Morrisville</i>	0.00	1.00	3.00	0.00	4.00	\$0.07
<i>Newport</i>	1.00	2.00	3.00	0.00	6.00	\$0.13
<i>Randolph</i>	1.00	1.00	3.00	0.00	5.00	\$0.07
<i>Rutland</i>	0.00	2.00	3.00	2.00	7.00	\$0.13
<i>Springfield</i>	0.00	1.00	3.00	3.00	7.00	\$0.13
<i>St Albans</i>	1.00	3.00	3.00	3.00	10.00	\$0.25
<i>St Johnsbury</i>	3.00	2.00	3.00	1.00	9.00	\$0.25
<i>White River Jct</i>	3.00	0.00	3.00	3.00	9.00	\$0.25

Table 7. Utilization Score Ranges and Payment (Calendar Year 2022)

Adult RUI Score Range	Pediatric RUI Score Range	PMPM Payment Eligibility
≤ .910	≤ 0.897	\$0.25
.911 – 1.122	0.898 – 0.974	\$0.13
1.123 – 1.273	0.975 – 1.097	\$0.07
≥ 1.274	≥ 1.098	\$0.00

Future Measure Considerations

Statutory
Requirements

Contextual
Relevance

Measure Rigor

Data Quality

Alignment

2024 Quality Measure Crosswalk

- [CrosswalkQualityMeasuresCompiled2024.xlsx \(live.com\)](#)

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