

2015 Quality Measure Scorecards

Final Results

All Payers

OneCare Vermont

Version 1.5 10/31/2016



OneCareVermont

NOTICE: All data produced by OneCare VT is for the sole use of its contracted OneCare VT Participants and must not be distributed to other individuals or entities who do not hold a legally binding contract with OneCare VT. These materials are confidential and may only be used in connection with OneCare VT activities. The use of these materials is subject to the provisions of the Business Associate Agreement and/or Participation or Collaboration Agreement with OneCare VT.

Quality Measure Scorecard

All ACOs are required to completely and accurately report quality data used to calculate and assess their quality performance in order to participate in shared savings (if available).

Note for Medicare:

Starting this year, CMS rewarded ACOs that demonstrated significant improvement in their quality measure performance by adding up to 4.00 points to each domain score.

Note for Medicaid:

For PY2 only 10 measures were pay for performance. 11 measures were pay for reporting (no points associated).

Note for Commercial:

For PY2 only 9 measures were pay for performance. 15 measures were pay for reporting (no points associated).

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2015 Medicare Quality Measure Scores

Performance Year 3: Reporting and Performance Measures

2015 Percentile
2014 Percentile
2014 & 2015 Percentile (No Change)

Measure	PY 2015	30th (1.10)	40th (1.25)	50th (1.40)	60th (1.55)	70th (1.70)	80th (1.85)	90th (2.00)	OCV 2013	OCV 2014	OCV 2015	OCV QI	CMS QI	n 2015	Quality Points 2015	
Patient/Caregiver Experience	1	Getting Timely Care, Appointments, and Information	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	83.81	85.01	79.26	▼	261	1.70
	2	How Well Your Doctors Communicate	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	92.54	92.47	93.39		262	2.00
	3	Patients' Rating of Doctor	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.84	91.45	92.25		246	2.00
	4	Access to Specialists	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	82.21	86.00	79.71	▼	104	1.70
	5	Health Promotion and Education	P	54.71	55.59	56.45	57.63	58.22	59.09	60.71	59.46	60.61	57.55		310	1.40
	6	Shared Decision Making	P	72.87	73.37	73.91	74.51	75.25	75.82	76.71	75.98	73.81	75.71		233	1.70
	7	Health Status/Functional Status	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	73.70	74.12	75.19		310	2.00
	34	Stewardship and Patient Resources	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20.26		293	2.00
Care Coordination	8	Risk Standardized, All Condition Readmissions	P	16.62	16.41	16.24	16.08	15.91	15.72	15.45	14.75	14.84	14.73		-	2.00
	35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15.72		-	2.00
	36	All-Cause Unplanned Admissions for Patients with Diabetes	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52.08		-	2.00
	37	All-Cause Unplanned Admissions for Patients with Heart Failure	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	83.26		-	2.00
	38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	66.82		-	2.00
	9	ASC Admissions: COPD or Asthma in Older Adults	P	1.75	1.46	1.23	1.00	0.75	0.56	0.27	1.25	0.89	0.83	▲	-	1.55
	10	ASC Admission: Heart Failure	P	1.33	1.17	1.04	0.90	0.76	0.59	0.38	1.22	1.07	0.87	▲	-	1.55
	11	Percent of PCPs who Qualified for EHR Incentive Payment	P	51.35	59.70	65.38	70.20	76.15	84.85	90.91	57.55	72.26	97.83	▲	783	4.00
39	Documentation of Current Medications in the Medical Record	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79.03		1750	2.00	
13	Falls: Screening for Fall Risk	P	17.12	22.35	27.86	35.55	42.32	51.87	73.38	46.30	47.31	65.56	▲	363	1.85	
Preventive Health	14	Influenza Immunization	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	71.36	63.81	68.15	▲	336	1.55
	15	Pneumococcal Vaccination	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	77.73	77.80	84.70	▲	366	1.85
	16	Adult Weight Screening and Follow-up	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	70.94	70.81	71.94	▲	360	1.70
	17	Tobacco Use Assessment and Cessation Intervention	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.37	96.67	93.46	▼	367	2.00
	18	Depression Screening	P	5.31	10.26	16.84	23.08	31.43	39.97	51.81	24.71	28.07	35.42	▲	271	1.70
	19	Colorectal Cancer Screening	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	65.33	70.27	70.36		361	1.70
	20	Mammography Screening	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	68.04	71.12	75.14	▲	362	1.70
	21	Proportion of Adults who had blood pressure screened in past 2 years	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	68.66	66.43	80.62	▲	258	1.85
At-Risk Populations	40	Depression Remission at Twelve Months	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4.35		23	2.00
	Diabetes Composite	ACO #27:Percent of beneficiaries with diabetes whose HbA1c in poor control (>9 percent) Hemoglobin A1c Control (HbA1c) (<8 percent) ACO #41: Diabetes - Eye Exam	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	53.85		364	2.00
	28	Percent of beneficiaries with hypertension whose BP < 140/90	P	60.00	63.16	65.69	68.03	70.89	74.07	79.65	67.04	70.57	71.21		257	1.70
	30	Percent of beneficiaries with IVD who use Aspirin or other antithrombotic	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	86.65	90.02	92.86		308	2.00
	31	Beta-Blocker Therapy for LVSD	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	81.78	84.12	80.52		154	1.85
	33	ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	P	64.37	70.43	75.07	78.28	82.53	86.75	91.67	N/A	N/A	84.75		223	1.70
Total:															60.75	

▲ = statistically significant improvement in score from 2014 to 2015 based on p-value < 0.05
 ▼ = statistically significant decline in score from 2014 to 2015 based on p-value < 0.05

▲ = Significant Improvement based on CMS Quality Improvement Report.
 ▼ = Significant Decline based on CMS Quality Improvement Report.

2015 Final Score	2014 Final Score	Percent Change
96.1%	89.2%	▲ 6.9%

2015 Medicare Quality Measure Scores

Performance Year 3: Reporting and Performance Measures

Scoring Detail with Quality Improvement Points

Domain	Number of Individual Measures	Total Measures for Scoring Purposes	OCV			Quality Improvement Detail*				Final Scores		
			Total Possible Points	Points Scored	Domain Scores	Measures Eligible for QI Points (1)	Net Improvement	Domain Improvement Score	Quality Improvement Points	Domain Points + QI points (2)	Domain Scores with QI points	Domain Weight
Patient/Caregiver Experience	8	8 individual survey module measures	16	14.50	90.63%	7	-2	-23%	0.00	14.50	90.63%	25%
Care Coordination/Patient Safety	10	10 measures, plus the EHR measure double-weighted (4 points)	22	20.95	95.23%	5	5	100%	4.00	22.00	100.00%	25%
Preventive Health	8	8 measures	16	14.05	87.81%	8	5	68%	2.68	16.00	100.00%	25%
At-Risk Population	7	6 measures, including a 2-component diabetes composite measure	12	11.25	93.75%	4	0	0%	0.00	11.25	93.75%	25%
Total	33	32	66	60.75		24				63.75		100%

*Quality Improvement Calculation Detail	
Step 1	Calculate the change in performance for each eligible measure, eligible measures are defined as any measure with scores for both 2014 and 2015
Step 2	Determine, for each measure, whether the change in performance was statistically significant at a 95 percent confidence level.
Step 3	Calculate Net Improvement for each domain: Net Improvement = # of significantly improved measures - # of significantly declined <i>Note: In the event that an ACO shows a statistically significant decline in a measure from one year to the next, but still scores above 90 percent (or above the 90th percentile benchmark in the case of certain claims-based measures) in both years, CMS will consider this change as a "no change" in performance instead of a significant decline in performance when calculating the Domain Improvement Score.</i>
Step 4	Calculate Domain Improvement score: Domain Improvement Score = Net Improvement/eligible measures * 100
Step 5	Use the Scoring Ladder provided to determine points awarded for each domain.

CMS QI Scoring Ladder	
Improvement Measure Score	Quality Improvement Points
90+ percent	4.0 points
80+ percent	3.56 points
70+ percent	3.12 points
60+ percent	2.68 points
50+ percent	2.24 points
40+ percent	1.8 points
30+ percent	1.36 point
20+ percent	0.92 point
10+ percent	0.48 point
< 10 percent	No points

The 2015 score without Quality Improvement(QI) points is more comparable to the 2014 score since QI points were not available in 2014.

Total 2015 Score With QI points = 96.1%

	2015	2014	Percent Change
Score without Quality Improvement	91.9%	89.2%	↑ 2.7%
Final Score	96.1%	89.2%	↑ 6.9%

Notes: (1) At-Risk Population Domain has 4 eligible measures -CAD 7/ACO 33 was comparable for QI points with CMS data 2014/2015 but not reported for quality points as it was part of the CAD Composite in 2014. (2) Domain points + QI points can not exceed total possible points for the domain.

2015 Medicaid Quality Measure Scores

Performance Year 2: Reporting and Performance Measures

2015 Percentile
2014 Percentile
2014 & 2015 Percentile (No Change)

Measure Number	Measure	Y2 2015	2013 HEDIS National Benchmarks				2014 OCV Scores	2015 Performance			
			25th Percentile (1 point)	50th Percentile (2 points)	75th Percentile (3 points)	90th Percentile (3 points)		Numerator/Denominator	Adherence Rate	Points Earned	
Core-1	ACO All-Cause Readmission	P	-	-	-	-	18.26	124/681	18.21	2	
Core-2	Adolescent Well-Care	P	41.72	47.24	57.07	65.45	48.98	5,174/10,759	48.09	2	
Core-4	Mental Illness, follow-up After hospitalization	P	30.91	43.95	54.64	68.79	65.55	172/297	57.91	3	
Core-5	Alcohol and Other Drug Dependence Treatment	Initiation	36.03	39.13	43.11	48.24	38.01	652/1,774	36.75	N/A	
		Engagement	5.14	10.37	16.17	19.84	14.67	301/1,774	16.97	N/A	
		Composite	P	20.59	24.75	29.64	34.04	26.34	953/3,548	26.86	2
Core-6	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	P	17.93	22.14	28.07	35.45	29.71	165/541	30.50	3	
Core-7	Chlamydia Screening	P	50.97	57.15	63.72	68.81	49.57	1,337/2,669	50.09	0	
Core-8	Developmental Screening	Members with screening between 0 and 12 mo.	-	-	-	-	43.65	478/1,074	44.51	N/A	
		Members with screening between 13 and 24 mo.	-	-	-	-	50.42	696/1,409	49.40	N/A	
		Members with screening between 25 and 36 mo.	-	-	-	-	36.40	545/1,354	40.25	▲	
		Members with screening between 0 and 36 mo. (Composite)	P	-	-	-	-	43.42	1,719/3,837	44.80	2
Core-10	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	R	-	-	-	-	379.34	46/133,794	412.57	N/A	
Core-12	Prevention Quality Control Composite (PQI 92)	P	-	-	-	-	524.24	166/318,801	624.84	2	
Core-13	Pharyngitis, Appropriate Testing for Children	R	60.96	70.22	77.89	85.09	84.31	780/964	80.91	N/A	
Core-14	Childhood Immunization Status - Combo 10	R	24.82	31.48	38.43	45.70	60.84	209/370	56.49	N/A	
Core-15	Weight Assessment and Counseling (Ages 3 to 17) - Combo	R	40.23	52.63	64.38	73.38	47.63	207/360	57.50	▲	
Core-17	Diabetes	HbA1c Poor Control (HbA1c > 9)*	P	52.69	43.03	35.77	31.14	21.47	74/339	21.83	3
		DM - Eye Exam	R	-	-	-	-	N/A	170/339	50.15	N/A
Core-53		DM - Comp	R	-	-	-	-	N/A	139/339	41.00	N/A
Core-18	Colorectal Cancer Screen	R	-	-	-	-	58.42	241/363	66.39	▲	
Core-19	Depression Screening	R	-	-	-	-	24.55	82/222	36.94	▲	
Core-20	BMI with follow up	R	-	-	-	-	65.07	237/332	71.39	N/A	
Core-36	Tobacco Use:Screening and Cessation Intervention	R	-	-	-	-	N/A	352/368	95.65	N/A	
Core-30	Cervical Cancer Screening	R	-	-	-	-	N/A	202/324	62.35	N/A	
Core-39	Hypertension: Controlling High Blood Pressure	P	50.00	56.11	62.91	69.41	N/A	235/346	67.92	3	
Core-21	Access to Care	R	58%	65%	72%	78%	61%	N/A	51%	N/A	
Core-22	Communication	R	82%	86%	90%	92%	83%	N/A	78%	N/A	
Core-23	Shared Decision-Making	R	62%	67%	72%	76%	63%	N/A	60%	N/A	
Core-24	Self-Management Support	R	46%	53%	59%	65%	45%	N/A	47%	N/A	
Core-25	Comprehensiveness (Adult Behavioral)	R	37%	48%	57%	63%	67%	N/A	58%	N/A	
Core-26	Office Staff	R	74%	80%	86%	91%	75%	N/A	66%	N/A	
Core-27	Information	R	N/A	N/A	N/A	N/A	76%	N/A	76%	N/A	
Core-28	Coordination of Care	R	N/A	N/A	N/A	N/A	73%	N/A	71%	N/A	
Core-29	Specialist Care	R	N/A	N/A	N/A	N/A	45%	N/A	43%	N/A	
Total:									22		

▲ = statistically significant improvement in score from 2014 to 2015 based on p-value < 0.05
 ▼ = statistically significant decline in score from 2014 to 2015 based on p-value < 0.05

Total Score	
Points earned	22
Total # of potential points	30
% of total quality points	73%
% of savings earned	95%

2015 Medicaid Quality Measure Scores

Performance Year 2: Reporting and Performance Measures Scoring Detail

Total Score			
Points earned	Total # of potential points	% of total quality points	% of savings earned
22	30	73%	95%

	2015	2014
Final Score	95%	100%

Note: The change in the Quality ladder from 2014 to 2015 caused our quality score to decrease even though we earned more quality points (63% in 2014).

2015 Vermont Medicaid Shared Savings Program Quality Ladder	
Percentage of Available Points	Quality Score
53.33 - 56.67%	75%
60%	80%
63.33 - 67.67%	85%
70%	90%
73.33 - 76.67%	95%
80%	100%

2014 Vermont Medicaid Shared Savings Program Quality Ladder	
Percentage of Available points	Quality score
35%	75%
40%	80%
45%	85%
50%	90%
55%	95%
60%	100%

2015 Commercial Quality Measure Scores

Performance Year 2: Reporting and Performance Measures

2015 Percentile
 2014 Percentile
 2014 & 2015 Percentile (No Change)

Measure Number	Measure	Y2 2015	2015 HEDIS National Benchmarks				2014 OCV Score	2015 Performance			
			25th Percentile (1 point)	50th Percentile (2 points)	75th Percentile (3 points)	90th Percentile (3 points)		Numerator/Denominator	Adherence Rate 2015	Points	
Core-1	ACO All-Cause Readmission	P	0.77	0.72	0.67	0.60	-	46/384	1.05	0	
Core-2	Adolescent Well-Care	P	33.07	39.39	47.83	61.71	54.31	1,021/1,784	57.23	3	
Core-4	Mental Illness, follow-up After hospitalization	P	42.11	50.37	57.10	63.59	69.05	32/51	62.75	3	
Core-5	Alcohol and Other Drug Dependence Treatment	Initiation	32.48	35.45	39.44	42.53	29.44	113/404	27.97	N/A	
		Engagement	11.40	13.80	17.10	19.74	12.99	45/404	11.14	N/A	
		Composite	P	21.94	24.63	28.27	31.14	21.21	158/808	19.55	0
Core-6	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	P	21.43	24.80	28.18	33.52	-	73/231	31.60	3	
Core-7	Chlamydia Screening	P	37.29	41.62	46.72	56.36	43.33	358/709	50.49	3	
Core-8	Developmental Screening	Members with screening between 0 and 12 mo.	R	-	-	-	-	-	30/55	54.55	N/A
		Members with screening between 13 and 24 mo.	R	-	-	-	-	-	41/64	64.06	N/A
		Members with screening between 25 and 36 mo.	R	-	-	-	-	-	37/73	50.68	N/A
		Members with screening between 0 and 36 mo. (Composite)	R	-	-	-	-	-	108/192	56.25	N/A
Core-10	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	R	-	-	-	-	0.00	14/16,866	83.01	N/A	
Core-12	Prevention Quality Control Composite (PQI 92)	P	-	-	-	-	29.45	24/24,186	99.23	0	
Core-13	Pharyngitis, Appropriate Testing for Children	R	74.77	81.50	87.32	90.06	84.38	71/80	88.75	N/A	
Core-14	Childhood Immunization Status - Combo 10	R	37.67	45.96	52.61	59.49	50.00	49/66	74.24	N/A	
Core-15	Weight Assessment and Counseling (Ages 3 to 17) - Combo	R	6.41	47.41	59.46	69.30	58.79	244/359	67.97	N/A	
Core-17	Diabetes	HbA1c Poor Control (HbA1c > 9)*	P	41.36	35.6	29.93	25.29	15.03	51/337	15.13	3
		DM - Eye Exam	R	42.06	48.02	53.54	61.37	N/A	186/337	55.19	N/A
		DM - Comp	R	-	-	-	-	N/A	160/337	47.48	N/A
Core-18	Colorectal Cancer Screen	R	53.59	57.73	61.45	66.84	70.96	261/368	70.92	N/A	
Core-19	Depression Screening	R	-	-	-	-	22.22	108/261	41.38	N/A	
Core-20	BMI with follow up	R	-	-	-	-	64.85	245/330	74.24	N/A	
Core-36	Tobacco Use:Screening and Cessation Intervention	R	-	-	-	-	N/A	359/371	96.77	N/A	
Core-30	Cervical Cancer Screening	R	69.91	73.84	77.84	80.82	N/A	234/326	71.78	N/A	
Core-39	Hypertension: Controlling High Blood Pressure	P	52.61	58.38	62.77	67.25	N/A	251/355	70.70	3	
Core-21	Access to Care	R	56%	64%	72%	79%	71%	N/A	61%	N/A	
Core-22	Communication	R	81%	86%	89%	92%	86%	N/A	81%	N/A	
Core-23	Shared Decision-Making	R	60%	65%	69%	74%	71%	N/A	67%	N/A	
Core-24	Self-Management Support	R	42%	49%	55%	60%	46%	N/A	42%	N/A	
Core-25	Comprehensiveness(Adult Behavioral)	R	37%	48%	57%	63%	56%	N/A	50%	N/A	
Core-26	Office Staff	R	76%	83%	88%	92%	78%	N/A	77%	N/A	
Core-27	Information	R	N/A	N/A	N/A	N/A	64%	N/A	60%	N/A	
Core-28	Coordination of Care	R	N/A	N/A	N/A	N/A	76%	N/A	69%	N/A	
Core-29	Specialist Care	R	N/A	N/A	N/A	N/A	57%	N/A	51%	N/A	

▲ = statistically significant improvement in score from 2014 to 2015 based on p-value < 0.05
▼ = statistically significant decline in score from 2014 to 2015 based on p-value < 0.05

Total Score
Points earned
18
Total # of potential points
26
% of total quality points
69%
% of savings earned
85%

Total: 18

2015 Commercial Quality Measure Scores

Performance Year 2: Reporting and Performance Measures Scoring Detail

<u>Total Score</u>			
Points earned	Total # of potential points	% of total quality points	% of savings earned
18	26	69%	85%

	2015	2014	Percent Change
Final Score	85%	85%	0%

Vermont Commercial Shared Savings Program Quality Ladder	
Percentage of Available Points	Quality Score
55%	75%
60%	80%
65%	85%
70%	90%
75%	95%
80%	100%