



2018
Medicare
Quality Measures Scorecard
Final Results



OneCare Vermont

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Medicare Quality Scorecard Introduction

- ❑ The Modified Medicare Next Generation (MMNG) Program began in 2018. Trending from the prior program is not advisable due to the significant changes in the underlying structure of the program.
- ❑ A combination of survey, claims and clinical quality measures are included in the calculation of the overall quality score.
- ❑ The measure status in 2018 is indicated for each measure, as well as the rates compared to the national benchmarks.
- ❑ OneCare scored at the 50th percentile or above for 17 out of the 22 measures with identified national benchmarks.
- ❑ OneCare received a 100% quality score based on successfully submitting data for all measures for the first year of the MMNG program.

Medicare Quality Measures

Performance Year 1: Next Generation ACO Model

All ACOs are required to completely and accurately report quality data used to assess their quality performance. The Medicare Next Generation ACO Model began in 2018 and as a result quality improvement points were not available because they are awarded based upon prior years quality results within the same program.

Measure	PY	Scoring Based on Benchmarks from Reporting Year							2018 Rates	Num	Den	Quality Points	
		2018	30th	40th	50th	60th	70th	80th					90th
Patient Caregiver Experience	1 Getting Timely Care, Appointments, and Information	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	84.62	—	269	2.00
	2 How Well Your Providers Communicate	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	93.59	—	309	2.00
	3 Patient's Rating of Provider	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	92.14	—	304	2.00
	4 Access to Specialists	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	73.55	—	191	2.00
	5 Health Promotion and Education	R	54.18	55.48	56.72	57.95	59.39	60.99	63.44	59.05	—	334	2.00
	6 Shared Decision Making	R	54.75	55.97	57.05	58.10	59.27	60.58	62.76	56.95	—	297	2.00
	7 Health Status/Functional Status	R	-	-	-	-	-	-	-	76.93	—	340	2.00
34 Stewardship of Patient Resources	R	24.25	25.57	26.74	28.12	29.43	31.08	33.43	23.80	—	307	2.00	
Care Coordination Patient Safety	8 Risk Standardized, All Condition Readmissions	R	15.18	15.04	14.91	14.79	14.65	14.50	14.27	14.62	—	—	2.00
	35 Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	R	19.22	18.81	18.47	18.15	17.80	17.41	16.85	17.54	—	—	2.00
	36 All-Cause Unplanned Admissions for Patients with Diabetes	R	39.00	35.81	33.20	30.86	28.48	26.05	23.12	40.75	—	—	2.00
	37 All-Cause Unplanned Admissions for Patients with Heart Failure	R	82.32	76.20	71.24	66.71	61.91	57.13	50.99	79.91	—	—	2.00
	38 All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	R	65.99	61.21	57.25	53.51	50.00	46.16	41.39	63.84	—	—	2.00
	43 Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	R	-	-	-	-	-	-	-	1.59	—	—	2.00
	12 Medication Reconciliation	R	-	-	-	-	-	-	-	94.48	582	616	2.00
13 Falls: Screening for Fall Risk	R	43.42	50.42	58.45	66.00	73.39	81.79	90.73	79.85	210	263	2.00	
44 Imaging Studies for Low Back Pain	R	-	-	-	-	-	-	-	73.98	—	—	2.00	
Preventive Health	14 Preventive Care & Screening: Influenza Immunization	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	70.20	172	245	2.00
	15 Pneumococcal Vaccination Status for Older Adults	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	84.32	500	593	2.00
	16 Preventive Care & Screening: Adult Weight Screening and Follow-Up	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	65.65	193	294	2.00
	17 Tobacco Use Screening and Cessation Intervention	R	-	-	-	-	-	-	-	81.82	18	22	2.00
	18 Depression Screening	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	57.55	141	245	2.00
	19 Colorectal Cancer Screening	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	75.00	186	248	2.00
	20 Mammography Screening	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	72.09	439	609	2.00
42 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	-	-	-	-	-	-	-	82.39	468	568	2.00	
At-Risk Populations	40 Depression Remission at Twelve Months	R	-	-	-	-	-	-	-	1.33	1	75	2.00
	DM* ACO #27: Percent of beneficiaries with diabetes whose HbA1c in poor control (>9 percent) and ACO #4	R	29.90	34.33	38.81	43.32	48.21	53.64	60.37	58.02	152	262	2.00
	28 Hypertension (HTN): Controlling High Blood Pressure	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	68.12	250	367	2.00
30 Percent of beneficiaries with IVD who use Aspirin or other antithrombotic	R	30.00	40.00	50.00	60.00	70.00	80.00	90.00	96.68	378	391	2.00	
											Total:		58.00

* DM = Diabetes Composite

Notes:

- Green and bold indicates the 2018 percentile
- P: Performance Measure and R: Reporting Measure - Medicare awards full points for reporting measures and points for performance measures based upon benchmarks
- CMS did not perform significance testing from prior years to determine quality improvement points due to this being the first year in the Next Generation ACO Model program.

2018 Final Score
100.00%