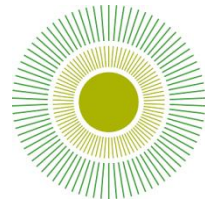


2016 Medicaid Shared Savings Quality Measure and Financial Summary

Year 3

Version 1 8/2/2017



OneCareVermont

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Overall Summary

- ▶ OneCare Vermont completed the 3rd and final year of the Vermont Medicaid Shared Savings Contract in 2016.

- ▶ OneCare Vermont did not receive shared savings for this year of the contract.
 - Actual PMPM spend exceeded expected PMPM spend by \$3.41, 2.06% overspend compared to target.
 - However, quality measure performance was good: OneCare is eligible to receive **95% of savings based on attaining 77% (23 of 30)** of the quality measure points had there been any. In 2015, OneCare attained 73% of the quality measure points (22 of 30), also achieving eligibility for 95% of savings.

- ▶ A summary of utilization metrics over the last 3 years is provided for insight into the spend.

Medicaid Quality Measure Performance

- For Year 3, 10 measures were performance measures. The remaining measures were for reporting only. Medicaid only awards points for performance measures.
 - Medicaid offered quality improvement points for the 7 performance measures with benchmarks associated (Core 2, 4, 5, 6, 7, 27 and 39).
 - Core 1, 8, and 12 are awarded points for significant improvement over time, not based on benchmarks.
 - Core-2 : Adolescent Well-Care Visits was the only measure to receive 1 additional points for improvement.
- OCV scored the highest possible points (3) for 4 of ten total measures.
 - Core-6: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
 - Code-8d: Developmental Screening (between 0 and 36 months)
 - Core-17: Diabetes Mellitus: HbA1C Poor Control (>9 Percent)
 - Core-39: Hypertension: Controlling High Blood Pressure
- Ten CAHPS measures were collected but are for reporting only.
- All measure are shown as adherence rates (Number Met/Number Sampled) except for Core 10 and Core 12 which are measured per 100,000 Member Years and survey results which are percentages.

OCV 2016 Medicaid Quality Measure Scores

Performance Year 3

-	No HEDIS
	2016
	2015
	2015/2016

P= Performance Measure, R= Reporting Measure, NRS= Not Reported Separately
 -Medicaid only awards points for Performance Measures

Measure Number	Measure	Y3 2016	2013 HEDIS National Benchmarks				2014		2015		2016 Performance				
			25th Percentile (1 point)	50th Percentile (2 points)	75th Percentile (3 points)	90th Percentile (3 points)	Adherence Rate	Adherence Rate	Adherence Rate	Numerator/Denominator	Signif/ Cant Change	Points Earned	QI points*		
Claims Based Measures	Core-1	ACO All-Cause Readmission	P	-	-	-	-	18.26	18.21	11.42	102/893	▲	2	N/A	
	Core-2	Adolescent Well-Care	P	41.72	47.24	57.07	65.45	48.98	48.09	51.27	4,229 / 8,248	▲	2	1	
	Core-4	Mental Illness, follow-up After hospitalization	P	30.91	43.95	54.64	68.79	65.55	57.91	52.30	91 / 174		2	0	
	Core-5	Alcohol/ Other Drug	Initiation	NRS	36.03	39.13	43.11	48.24	38.01	36.75	35.57	371 / 1,043		N/A	N/A
			Engagement	NRS	5.14	10.37	16.17	19.84	14.67	16.97	19.56	204 / 1,043		N/A	N/A
			Composite	P	20.59	24.75	29.64	34.04	26.34	26.86	27.56	575 / 2,086		2	0
	Core-6	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	P	17.93	22.14	28.07	35.45	29.71	30.50	32.46	99 / 305		3	0	
	Core-7	Chlamydia Screening	P	50.97	57.15	63.72	68.81	49.57	50.09	50.51	889 / 1,760		0	0	
	Core-8	Developmental Screening	Members with screening between 0 and 12 mo.	NRS	-	-	-	-	43.65	44.51	54.60	487 / 892	▲	N/A	N/A
			Members with screening between 13 and 24 mo.	NRS	-	-	-	-	50.42	49.40	58.92	611 / 1,037	▲	N/A	N/A
			Members with screening between 25 and 36 mo.	NRS	-	-	-	-	36.4	40.25	57.55	648 / 1,126	▲	N/A	N/A
			Members with screening between 0 and 36 mo. (Composite)	P	-	-	-	-	43.42	44.80	57.15	1,746 / 3,055	▲	3	N/A
	Core-10	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	R	-	-	-	-	379.34	412.57	459.70	37 / 96,585	▲	N/A	N/A	
Core-12	Prevention Quality Control Composite (PQI 92)	P	-	-	-	-	524.24	624.84	504.12	91 / 216,614		2	N/A		
Core-13	Pharyngitis, Appropriate Testing for Children	R	60.96	70.22	77.89	85.09	84.31	80.91	84.35	722 / 856	▲	N/A	N/A		
Core-14	Childhood Immunization Status - Combo 10	R	24.82	31.48	38.43	45.70	60.84	56.49	50.27	185/368		N/A	N/A		
Core-15	Weight Assessment and Counseling (Ages 3 to 17) - Combo	R	40.23	52.63	64.38	73.38	47.63	57.50	69.46	257/370	▲	N/A	N/A		
Core-17	Diabetes	HbA1c Poor Control (HbA1c > 9)	P	52.69	43.03	35.77	31.14	21.47	21.83	18.77	67/357		3	0	
		DM - Eye Exam	R	-	-	-	-	N/A	50.15	53.22	190/357		N/A	N/A	
		DM - Composite	R	-	-	-	-	N/A	41.00	43.47	153/352		N/A	N/A	
Core-53															
Core-18	Colorectal Cancer Screen	R	-	-	-	-	58.42	66.39	63.04	232/368		N/A	N/A		
Core-19	Depression Screening	R	-	-	-	-	24.55	36.94	46.60	96/206	▲	N/A	N/A		
Core-20	BMI with follow up	R	-	-	-	-	65.07	71.39	71.74	264/368		N/A	N/A		
Core-36	Tobacco Use: Screening and Cessation Intervention	R	-	-	-	-	N/A	95.65	97.82	359/367		N/A	N/A		
Core-30	Cervical Cancer Screening	R	-	-	-	-	N/A	62.35	64.74	202/312		N/A	N/A		
Core-39	Hypertension: Controlling High Blood Pressure	P	50.00	56.11	62.91	69.41	N/A	67.92	68.42	247/361		3	0		
Patient Experience Measures	Core-21	Access to Care	R	58%	65%	72%	78%	61%	51%	53%	N/A		N/A	N/A	
	Core-22	Communication	R	82%	86%	90%	92%	83%	78%	83%	N/A		N/A	N/A	
	Core-23	Shared Decision-Making	R	62%	67%	72%	76%	63%	60%	63%	N/A		N/A	N/A	
	Core-24	Self-Management Support	R	46%	53%	59%	65%	45%	47%	53%	N/A		N/A	N/A	
	Core-25	Comprehensiveness (Adult Behavioral)	R	37%	48%	57%	63%	67%	58%	66%	N/A		N/A	N/A	
	Core-26	Office Staff	R	74%	80%	86%	91%	75%	66%	74%	N/A		N/A	N/A	
	Core-27	Information	R	-	-	-	-	76%	76%	75%	N/A		N/A	N/A	
	Core-28	Coordination of Care	R	-	-	-	-	73%	71%	75%	N/A		N/A	N/A	
	Core-29	Specialist Care	R	-	-	-	-	45%	43%	56%	N/A		N/A	N/A	
	Core-51	Long Term Services and Supports	R	-	-	-	-	N/A	55%	50%	N/A		N/A	N/A	

For Core Measure 17 lower numbers indicate better performance.

Total: 23

- ▲ = statistically significant improvement in adherence rate from 2015 to 2016 based on p-value < 0.05
- ▼ = statistically significant decline in adherence rate from 2015 to 2016 based on p-value < 0.05

*QI points were made available this year for all pay for performance measure that have benchmarks associated. OCV received 1 point for significant improvement on Core-2.

2016 Final Score			
Points earned	Total possible points	% of total quality points	% of savings earned
23	30	77%	95%

2016 Final QM Score	2015 Final QM Score	% Change from 2015 to 2016
95%	95%	0%

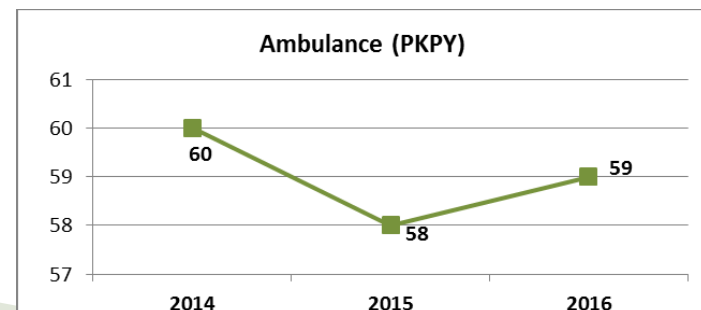
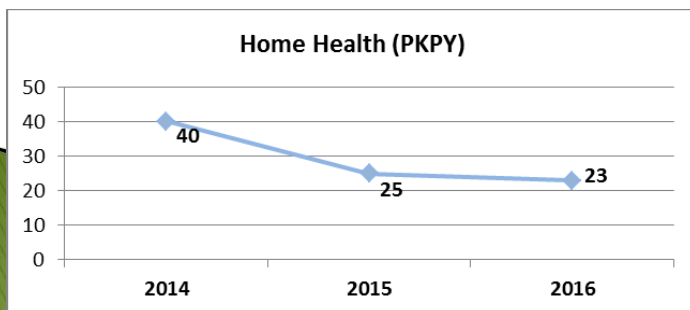
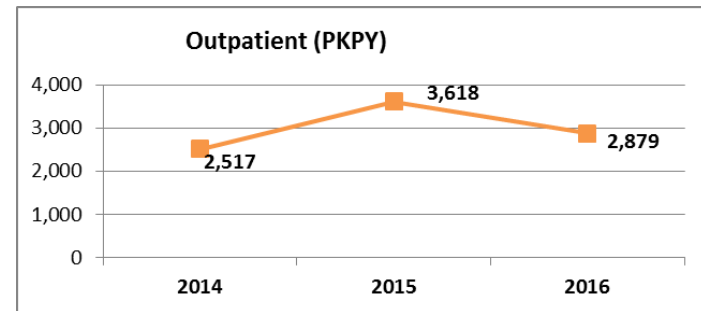
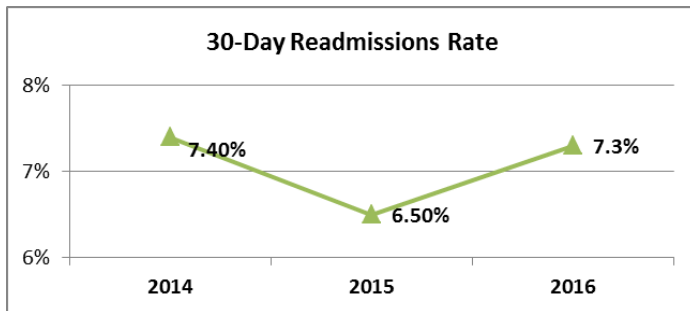
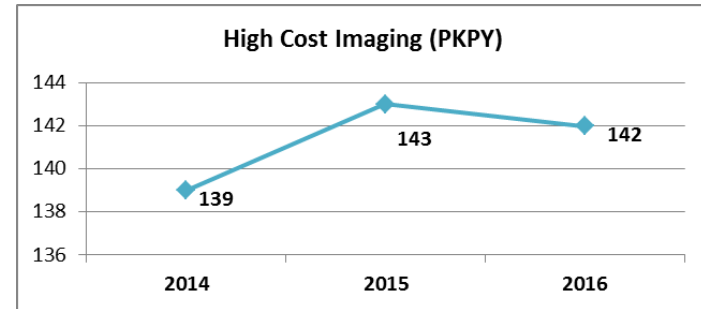
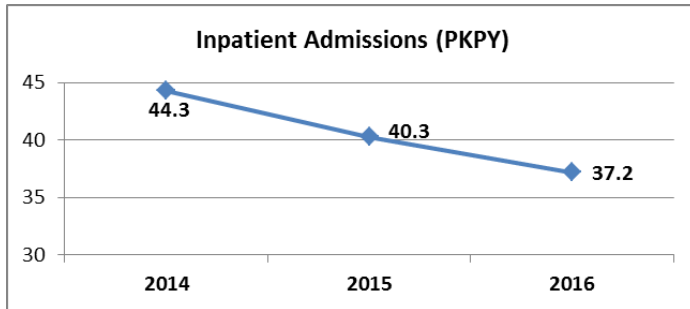
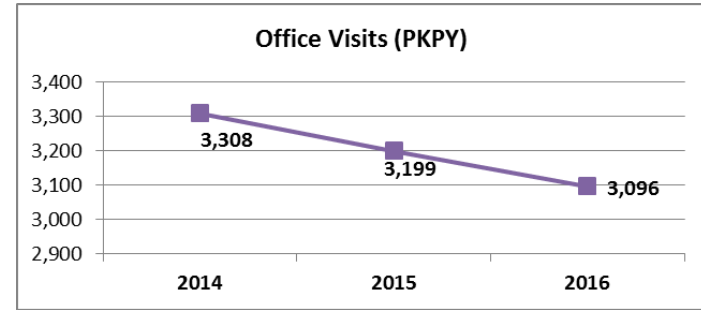
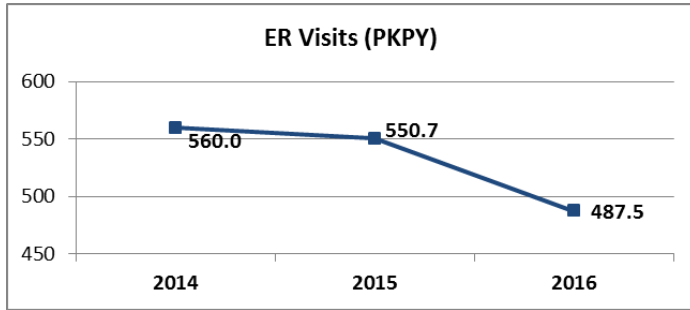
OCV 2016 Medicaid Financial Results

	PMPM	Total
Expected Medical Spend	\$165.47	\$73,451,140
Actual Medical Spend	\$168.88	\$74,964,819
Aggregate Shared Savings	\$0.00	\$0.00
Expected – Actual Spend	-\$3.41	-\$1,513,679
Actual Member Months	443,894	

- OneCare did not achieve shared savings in 2016, shared savings = \$0.
- Actual PMPM spend exceeded expected PMPM spend by \$3.41, 2.06% overspend compared to target.
- Utilization metrics show an increase in utilization rate for Outpatient PKPY and High Cost Imaging PKPY.

OCV Medicaid Utilization Metrics

2014-2016



Medicaid Utilization Measure Results

- While utilization measures are not factored into shared savings eligibility like the quality measures, they remain important to monitor.

Metric	2014	2015	2016	% change 2014-2016
ER Visits (PKPY)	560.0	550.7	487.5	-12.9%
Inpatient Admissions (PKPY)	44.3	40.3	37.2	-16.0%
30-Day Readmissions Rate	7.40%	6.50%	7.3%	-1.4%
Office Visits (PKPY)	3,308	3,199	3,096	-6.4%
High Cost Imaging (PKPY)	139	143	142	2.2%
Outpatient (PKPY)	2,517	3,618	2,879	14.4%
Home Health (PKPY)	40	25	23	-42.5%
Ambulance (PKPY)	60	58	59	-1.7%