

## **Base Rate Analyses**

ConnectiCare has provided the PMO with initial base rate information on several measures/conditions. Anthem has agreed to undertake additional base rate analyses. I would propose that Anthem and Connecticare's experience can be generalized to other commercial payers in light of their collective market share.

### Assessing Sufficiency

It appears that the information needed to assess base rate sufficiency is as follows:

- Cases that meet the criteria for the numerator and denominator/5000 members/year

This would allow the Council to assess base rate sufficiency for the smallest ACO population that a payer might have, assuming they follow the usual rule of 5,000 attributed lives to be in a shared savings program. If the denominator is at least 150, we should be on solid ground, recognizing that the actual rates may vary among ACOs...perhaps with hospital based ACOs having a somewhat sicker population. If the denominator is less than 150, it would make sense to consider the possibility of computing all payer performance for state calculated measures. This rule of thumb minimum # was cited by NCQA in my discussions with them.

### Population

For this exercise we would limit our base rate analysis to a) commercial populations (i.e., excluding Medicare Advantage and b) to individuals under age 65.

### Measures/Conditions

We would focus on the following measures/conditions. For this rough exercise, we would not mirror the technical specifications in the validated measure.

- 1) COPD (numerator, hospital admissions for COPD)/(denominator, patients with COPD)
- 2) CHF (numerator, all-cause hospital admissions)/(denominator, patients with CHF)
- 3) DM (numerator, all-cause hospital admissions)/(denominator, patients with DM)
- 4) MCC (numerator, all-cause hospital admissions)/(denominator, patients with MCC as defined below\*)
- 5) Asthma, adult (numerator, all-cause hospital admissions)/(denominator, adult patients with asthma)
- 6) Asthma, pediatric (numerator, all-cause hospital admissions)/(denominator, pediatric patients with asthma)
- 7) Rheumatoid arthritis
- 8) Cardiac conditions in the semi-final measures under consideration

We are assuming that we have base rate sufficiency for screening procedures, diabetes and asthma process and outcome measures, and perhaps obstetrics.

\*MCC cohort is beneficiaries with diagnoses in two or more of the eight chronic disease Groups:

1. Acute myocardial infarction (AMI)
2. Alzheimer's disease and related disorders or senile dementia
3. Atrial fibrillation
4. Chronic kidney disease (CKD)
5. Chronic obstructive pulmonary disease (COPD) and asthma
6. Depression
7. Heart failure
8. Stroke and transient ischemic attack (TIA)