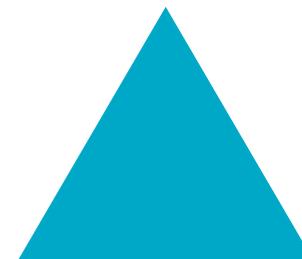


# COMPARISON GROUP

PCMH+ PARTICIPATING ENTITY  
COLLABORATIVE MEETING

OCTOBER 26, 2017



# COMPARISON GROUP CAVEAT AND MODEL DESIGN

- The following information regarding the Comparison Group (CG) is not final, as some members may lose Medicaid eligibility or move to an excluded population before 2017 is over. These results are therefore draft, and subject to change.
- The PCMH+ shared savings approach was designed to accommodate diverse participating entities and use a comparison group concept in a limited fashion. The comparison group is not intended or required to exactly match the cost or demographic profiles of each Participating Entity (PE) or of the PEs in aggregate.

## COMPARISON GROUP USE IN SHARED SAVING CALCULATIONS

Cost Trends

**YES**

Absolute Costs

**NO**

Maintain Quality

**NO**

Improve Quality

**YES**

Absolute Quality

**YES**

Challenge Pool Quality

**NO**

# COMPARISON GROUP SHARED SAVINGS COSTS CALCULATION

## Cost Trends – Rate of Change Comparison

- The CG is used to compare each PE's risk-adjusted cost trends against the CG's risk-adjusted cost trends.

## Absolute Costs – No Comparison

- In determining cost savings, the initial starting point of each PE does not increase or decrease savings.

# COMPARISON GROUP

## SHARED SAVINGS QUALITY CALCULATION

Maintain Quality – No Comparison

Improve Quality – Rate of Change Comparison

- CG is used to compare PE's quality improvement against the CG's quality improvement

Absolute Quality – Direct Comparison

- CG sets Absolute Quality benchmarks
- Benchmarks set using 2015 data — two years before performance year
- Published benchmarks allow PEs to have known targets
- Absolute Quality comprises only one-third of the quality measure points, due to concerns of risk adjustment for quality metrics
- PCMH+ uses multiple measures, with intent that not all measures would be disproportionately difficult for any one entity
- Quality measure review does not show systematic inequity across PE and CG entities

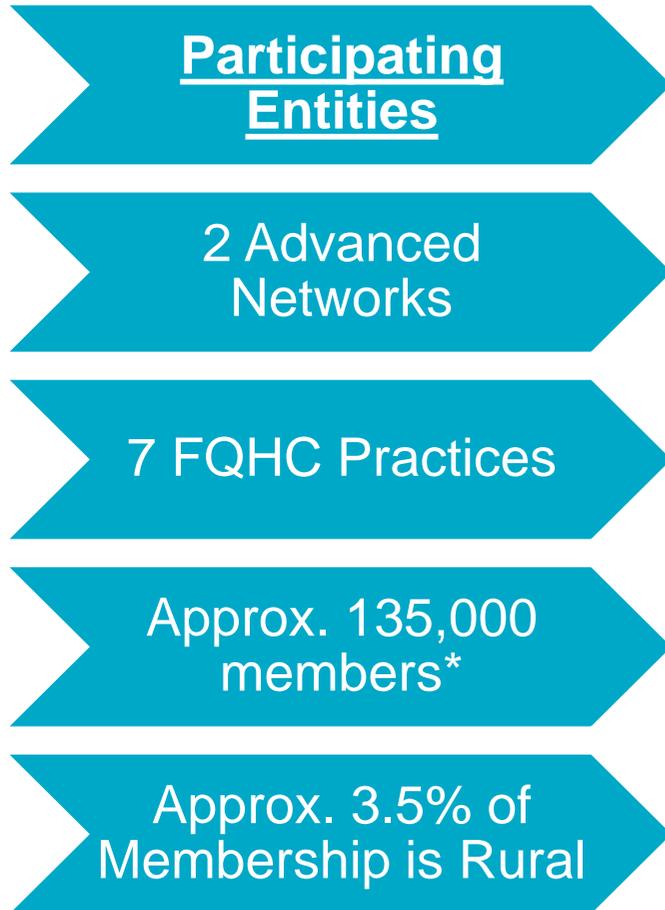
Challenge Pool Quality – No Comparison

# COMPARISON GROUP QUALITY MEASURES

| PCMH+ Quality Measure   | Absolute Quality Benchmarks |                 |                 |                 |
|---|-----------------------------|-----------------|-----------------|-----------------|
|   | 50th Percentile             | 60th Percentile | 70th Percentile | 80th Percentile |
| Adolescent well-care visits                                       | 65.9%                       | 67.6%           | 68.5%           | 75.0%           |
| Avoidance of antibiotic treatment in adults with acute bronchitis | 27.9%                       | 28.2%           | 33.3%           | 36.7%           |
| Developmental screening in the first three years of life          | 20.3%                       | 36.2%           | 41.0%           | 46.5%           |
| Diabetes HbA1c Screening  | 89.3%                       | 90.5%           | 91.3%           | 92.7%           |
| Emergency Department (ED) Usage                                   | 83.11                       | 64.45           | 55.95           | 53.29           |
| Medication management for people with asthma                      | 40.0%                       | 43.7%           | 45.0%           | 46.7%           |
| Prenatal Care   | 71.4%                       | 73.2%           | 76.1%           | 80.7%           |
| Postpartum Care   | 44.6%                       | 46.5%           | 50.7%           | 52.3%           |
| Prenatal & Postpartum Care*                                       | 56.7%                       | 58.7%           | 63.0%           | 65.0%           |
| Well-child visits in the first 15 months of life                  | 81.7%                       | 83.0%           | 84.0%           | 86.9%           |

\*The combined Prenatal & Postpartum Care quality measure will not be used to award absolute quality points. Individual prenatal and postpartum care benchmarks will be used instead to better align with HEDIS standards.

# COMPARISON GROUP PRACTICE TYPE AND POPULATION



\*Number of members at the time of initial PCMH+ assignment. These numbers may change for PEs and the CG due to loss of HUSKY eligibility or members moving to a PCMH+ excluded population. For PEs members may also choose to opt-out of the program.



**MERCER**

**MAKE TOMORROW, TODAY**