ACCOUNTABLE CARE SHARED SAVINGS PROGRAM
Performance Measures

Measure	
1	Manage Inpatient Care Transitions
2	*Decreased hospital based Emergency Department (ED) use*
2a	Reduce high utilization of emergency services
2b	Reduce inappropriate use of hospital based emergency services
2c	Reduce the overall rate of hospital based ED use (ED visits /1000 members)
3	*Manage High Risk Cohort Patients*
3a	Close and complete care opportunities - cohort members are seen at least every 90 days
3b	Tracking and monitoring adverse events (Inpatient or ER visits)
3c	Improve medication adherence (Diabetes Mellitus and medication possession ratio (MPR) for chronic medications)
4	Access to care
Option to 4	Advance Directive

2017 and 2018 Scoring Methodology

For Year 3 (2017) and Year 4 (2018),

During scoring, calculations for Baseline Report and Baseline Performance Scores shall be rounded to the hundredths place (second decimal place after whole number or percent). All decimals will be retained during intermediate calculations until final calculated values are used to determine quality improvement. Note: For display purposes, values may be rounded in any program scorecards that may be generated, but actual scoring will follow the rounding rules as described above.

Time Periods:

Year 3: 2017

- Baseline: Calendar Years 2015 & 2016
- Performance: Calendar Year 2017

Year 4: 2018

- Baseline: Calendar Year 2017
- Performance: Calendar Year 2018

Notes:

- All data will be pulled after a 3-month run out to allow for sufficient claims processing.
- Health Plan will send WCCHC a data file with member names on a quarterly basis.
- Medication Adherence measures for the measure #3b will be reported and scored based on a rolling 4-quarter period (data that is available at the time of scoring). Data reported to WCCHC will also be based on rolling 4-quarter periods.
- Except for the Medication Adherence measures: Data files/progress reports that are sent to WCCHC will be incremental (e.g., the first quarter report will include data from Quarter 1, the second quarter report will include data from Quarter 1 and 2 and so forth). However, final calculations and scores will be based on time periods outlined above.

Attributed WCCHC members: Defined by membership and provider criteria outlined below

Definition of members: Attributed to QUEST INTEGRATION (not including Long Term Care members), continuously attributed to WCCHC or providers under WCCHC for at least 6 consecutive months (consecutive months enrollment). This criterion will be applied to the final calculation, but not to quarterly progress reports/data files.

Definition of WCCHC providers: Services billed by WCCHC and their "participating providers" (defined by root ID) will be used to pull data. "Participating providers" will be defined as the current list HEALTH PLAN has on file.

Measures & Scoring:

I. Manage Inpatient Care Transitions

Numerator: Number of all WCCHC QUEST INTEGRATION attributed members in the denominator who were followed up by any Provider in an outpatient setting within 7 calendar days following hospital discharge.

- Any outpatient visit by any provider type will be counted as numerator credit
- The inpatient discharge date will be used to identify patients start date/discharge date

Denominator: Number of WCCHC QUEST INTEGRATION attributed members hospitalized for a primary diagnosis that is non-surgical, a non-obstetric related condition, or a non-behavioral health related condition – as defined by the list of primary diagnoses in Appendix A that will be included in this measure.

Source of Data: Health Plan claims data [both inpatient and professional service codes].

Scoring (higher is better):

Target:	XX percentage points (i.e., absolute XX%) improvement from Baseline rate. Example: If Baseline rate is 8.2%, then Target rate is XX%. Year 3 Performance rate will be used as Year 4 Baseline rate.
Methodology:	Improvement only. Continuous points will be awarded based on the improvement from Baseline towards the Target.

2. ***Decreased hospital based Emergency Department (ED) use***

Denominator exclusion (excludes WCCHC's emergency services): In order to implement this exclusion, ED services by any other facility in the state (defined by "submitting provider root") will be identified. The list of submitting provider roots that will be included in the measures are listed in Exhibit __Year 3 & Year 4 Only: HEALTH PLAN will send a quarterly list of members that identifies ER visits. This supplemental data will be current to the quarter reported on, so will not exactly match the criteria used to score this measure at the end of the year.

2a. Reduce high utilization of emergency services

"High utilization" is defined to mean patients with ***6 or more*** emergency visits in a 12 month period.

Numerator: Number of Health Plan members in the denominator with 6 or more emergency visits in a 12 month period.

Denominator: Total number of WCCHC QUEST INTEGRATION attributed members with at least 1 visit to the emergency room, excluding WCCHC emergency services.

Source of Data: Health Plan claims data [ED visit/service codes].

Scoring (lower is better):

Target: XX% improvement from Baseline
Example: If Baseline rate is XX%, then Target rate is XX%.

Year 3 Performance rate will be used as Year 4 Baseline rate.

Methodology: Improvement only.

Continuous points will be awarded based on the improvement from Baseline towards the Target.

2b. ***Reduce inappropriate use of hospital based emergency services***

"Inappropriate" use of emergency services are those emergency visits considered to be ***low complexity*** and coded as 99281 or 99282.

Numerator: Number of low complexity (99281 or 99282) encounters of Health Plan members in the denominator.

Denominator: Total number of ED encounters by WCCHC QUEST INTEGRATION attributed members, excluding WCCHC emergency services.

Source of Data: Health Plan claims data.

Scoring (lower is better):

Target: XX% improvement from Baseline
Example: If Baseline rate is XX%, then Target rate is XX%

Year 3 Performance rate will be used as Year 4 Baseline rate.

Methodology: Improvement only.

Continuous points will be awarded based on the improvement from Baseline towards the Target.

2c. ***Reduce the overall rate of hospital based ED use (ED visits /1000 members)***

Numerator: Total ED visits by WCCHC QUEST INTEGRATION attributed members in the denominator.

Denominator: Total member-months with Health Plan for members divided by 1000 times 12 (to annualize the measure), excluding WCCHC emergency services.

Source of Data: Health Plan claims data

Scoring (lower is better):

Target: XX% improvement from Baseline
Example: If Baseline rate is XX, then Target rate is XX

Year 3 Performance rate will be used as Year 4 Baseline rate.

Methodology: Improvement only.

Continuous points will be awarded based on the improvement from Baseline towards the Target.

3. ***Manage High Risk Cohort Patients***

Eligible patients (Denominator): Defined by WCCHC QUEST INTEGRATION attributed members, and further refined by the following criteria:

- Non-pregnant adult (18 years and older at the time of the initial data pull)
- Diagnosed with cardiovascular disease and/or Diabetes mellitus
    - Cardiovascular disease defined by NCQA HEDIS 2016 Technical Specifications, members identified by:
        - Event (during year prior): Discharged from an inpatient setting with an AMI (AMI Value Set) or a CABG (CABG Value Set); OR who had PCI (PCI Value Set) in any setting.
        - Diagnosis (in both measurement year and year prior): One outpatient visit (Outpatient Value Set) with an IVD diagnosis (IVD Value Set), or one acute inpatient visit (Acute Inpatient Value Set) with an IVD diagnosis (IVD Value Set).
    - Diabetes mellitus defined by NCQA HEDIS 2016 Technical Specifications, members identified by:
        - Claim/encounter data (in measurement year or year prior): Two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set), on different dates of service, with a diagnosis of diabetes (Diabetes Value Set); OR one acute inpatient encounter (Acute Inpatient Value Set), with a diagnosis of diabetes (Diabetes Value Set).
        - Pharmacy data (in measurement year or year prior): Dispensed insulin or hypoglycemics/antihyper-glycemics, on an ambulatory basis.
- Health Plan risk score $\geq$ ___, which represents "moderate," "major," and "severe" morbidity levels for the patient.

A maximum of 500 attributed members will be identified and the cohort will remain static for all 3 years of the contract.

Data for identified patients: The following data will be sent to WCCHC for the eligible patients

- Number of Emergency Department visits
- Number of inpatient hospitalizations

3a. ***Close and complete care opportunities - cohort members are seen at least every 90 days***

Scoring (higher is better):

Target: Year 3: 2017 – __%
Year 4: 2018 – __%

Methodology: Performance scored (tbd)

3b. ***Tracking and monitoring adverse events (inpatient or ER visits)***

Maintain or improve 'stable status' – i.e. no adverse events (inpatient or ER) for 6 months following cohort start date.

Scoring (lower is better):

Target: XX percentage points (i.e., absolute XX%) improvement from Baseline rate.

Example: If Baseline rate is XX%, then Target rate is XX%.

Year 2 Performance rate will be used as Year 3 Baseline rate.

Methodology: Improvement only.

- Numerator: The number of patients who had an inpatient and/or emergency department visit in any 6 month continuous period within the measurement period.
- Denominator: The number of patients identified in the cohort.

3c. ***Improve medication adherence (Diabetes Mellitus and medication possession ratio (MPR) for chronic medications)***

Measures will be defined using Pharmacy Quality Alliance (PQA) specifications

Summary provided below (*note – this is only a summary of the PQA specifications)*

A) Rate 8: Diabetes All Class
B) Rate 9: Statins
C) Rate 2: RAS Antagonists

The percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period. The level of PDC above which the medication has a reasonable likelihood of achieving most of the potential clinical benefit (80% for diabetes and cardiovascular drugs).

Measurement period: The patient's measurement period begins on the date of the first fill of the target medication (i.e., index date) and extends through the last day of the enrollment period or until death or disenrollment. The index date should occur at least 91 days before the end of the enrollment period

Denominator: Patients who filled at least two prescriptions on two unique dates of service during the measurement period.

Numerator: The number of patients who met the PDC threshold during the measurement year. Follow the steps below for each patient to determine whether the patient meets the PDC threshold.

- Step 1 Determine the patient's measurement period, defined as the index prescription date to the end of the calendar year, disenrollment, or death.
- Step 2 Within the measurement period, count the days the patient was covered by at least one drug in the class based on the prescription fill date and days of supply. If prescriptions for the same target drug (generic ingredient) overlap, then adjust the prescription start date to be the day after the previous fill has ended.
- Step 3 Divide the number of covered days found in Step 2 by the number of days found in Step 1. Multiply this number by 100 to obtain the PDC (as a percentage) for each patient.
- Step 4 Count the number of patients who had a PDC of 80% or greater and then divide by the total number of eligible patients.

Source of Data: Health Plan

Scoring (higher is better):

Target: XX percentage points (i.e., absolute XX%) improvement from Baseline rate.

Example: If Baseline rate is XX%%, then Target rate is XX%.

Year 3 Performance rate will be used as Year 4 Baseline rate.

Methodology: 100% of available points can be earned based on Performance: Continuous points will be awarded based on the Performance towards the Target.

20% of available points can be earned based on Improvement: Continuous points will be awarded for improvement from Baseline towards the Target.

Earned Performance and Improvement points will be added to determine the total points earned for the measure.

Total points earned for this measure will be capped at 100%.

(A) Rate 8: Diabetes All Class

Target: Year 3: 2017 – Based on PQA benchmarks
Year 4: 2018 – Based on PQA benchmarks

Methodology: Performance and Improvement scored.

If WCCHC performance exceeds the Target, that portion in excess of the Target will be saved and credited toward the calculation of the Available Points for this measure for the following year.

(B) Rate 9: Statins

Target: Year 3: 2017 – Based on PQA benchmarks
Year 4: 2018 – Based on PQA benchmarks

Methodology: Performance and Improvement scored.

If WCCHC performance exceeds the Target, that portion in excess of the Target will be saved and credited toward the calculation of the Available Points for this measure for the following year.

(C) Rate 2: RAS Antagonists

Target: Year 3: 2017 – Based on PQA benchmarks
Year 4: 2018 – Based on PQA benchmarks

Methodology: Performance and Improvement scored.

4. ***Access to Care***

Activity: Ensure adequate percentage of appointments are available for convenient open access visits (walk in/ same day).

Source of Data: Monthly data extract of Program Provider scheduling system showing all Program Customers with scheduled/kept/ cancelled events in the calendar month.

Scoring (higher is better):

Target: 45%

Methodology: At least 45.0% of all visits are "walk in" status (or "same day" visit meaning they were scheduled and kept on same day).

4. Increase advanced directives on file (Alternative to "Access to Care" Measure)

Numerator: Number of Health Plan members in the denominator with an indication of an advanced directive entered in the WCCHC electronic medical record.

Denominator: Total number of Health Plan members 50 years and older.

Source of Data: WCCHC EMR; self-reported by WCCHC

Scoring (higher is better):
Target: 30%
Methodology: Performance only.
If WCCHC performance exceeds the Target, that portion in excess of the Target will be saved and credited toward the calculation of the improvement Target for this measure for the following year.