Appendix B - EOHHS Accountable Care Organization Quality Appendix

This Appendix details how EOHHS will calculate the Contractor's Quality Score and DSRIP Accountability Score as described in the Contract. EOHHS reserves the right to modify the methodology set forth herein prior to execution of the Contract. EOHHS may modify the methodology set forth herein after the execution of the Contract by written amendment. EOHHS anticipates ongoing evaluation of this methodology, including but not limited to the list of Quality Measures, during the Contract Term. EOHHS anticipates engaging the Contractor and other ACOs as well as other stakeholders in this evaluation process. The following information is included:

1. Overview of Quality Score and DSRIP Accountability Score

2. Methodology to Calculate Quality Score

a. List of Quality Measures

b. Member Experience Survey

c. Quality Measure scoring methodology for all measures

d. Domain scoring methodology for all measures

e. Methodology for establishing performance benchmarks for Quality Measures

f. Methodology to calculate quality score

3. Methodology to Calculate DSRIP Accountability Score

a. Overall approach

b. TCOC performance

c. Quality performance

d. DSRIP Accountability Score

1 Overview of Quality Score and DSRIP Accountability Score

The Contractor shall receive, for each Performance Year, a Quality Score and a DSRIP Accountability Score, which may be two different values. The Contractor's Quality Score shall modify the Contractor's risk corridor payments, as described in Section 4 and Appendix D of the Contract. The Contractor's DSRIP Accountability Score shall be used to determine the proportion of the Contractor's withheld DSRIP payments the Contractor receives, as described in Section 5 of the Contract.

The Contractor's Quality Score and DSRIP Accountability Score shall be calculated as described in this Appendix and as further specified by EOHHS. Section 2 of this Appendix describes how the Contractor's Quality Score is calculated. Section 3 of this Appendix describes how the Contractor's DSRIP Accountability Score is calculated.

2 Methodology to Calculate Quality Score

The Contractor's Quality Score is based on a weighted average of the Contractor's scores across a set of individual measures that are grouped into domains. This Section of the Appendix describes the individual measures, the methodology EOHHS will use to calculate the Contractor's score for each measure, and the methodology EOHHS will use to calculate and average domain scores to produce the Contractor's Quality Score.

2.1 List of Quality Measures

Quality Measures include claims-based measures, Clinical Quality Measures, and member care experience surveys across the following four domains:

- Prevention & Wellness
- Care Integration
- Patient Experience Survey: Overall Rating and Care Delivery
- Patient Experience Survey: Person-centered Integrated Care

In calculating the Contractor's Quality Score, EOHHS will apply a weight to each domain. The Quality Measures Domain Weights are presented in Exhibit 1.

EXHIBIT 1 – Quality Domain Weights

ACO Quality Domain Weights					
Quality Domain		Domain Weight: PY 1	Domain Weight: PY 2	Domain Weight: PY 3	Domain Weight: PY4-5
Clinical Quality Measures					
1	Prevention & Wellness	100% (P4R only)	85%	65%	45%
2	Care Integration		--	20%	40%
Patient Experience Surveys					
3	Overall Rating and Care Delivery	--	15%	15%	7.5%
4	Person-centered Integrated Care	--	--	-	7.5%

In Performance Year 1, quality is "pay-for-reporting" – i.e., the Contractor will be required to report all Hybrid Quality Measures satisfactorily (i.e., measures requiring submission of record based data) to achieve a full score. Beginning in Performance Year 2, a subset of Quality Measures will be pay-for-performance (P4P) – i.e., the Contractor's score will be based on the Contractor's performance. For Performance Year 3, the State has proposed reweighting as illustrated in the table above to account for the impact of the public health emergency on measurement and accountability in 2020. For Performance Years 4-5, all Quality Measures will be pay-for-performance (P4P).

If the Contractor has an insufficient number of Enrollees (as determined by EOHHS) for a Measure, then EOHHS will exempt the Contractor from that particular Measure. As such, the weight assigned to the Measure within the Measure's domain will be redistributed equally among all other measures within that domain. Thus, the overall domain weights will not increase or decrease as a result of measure ineligibility.

Please see Exhibit 2 for the list of Quality Measures. EOHHS reserves the right to modify this list as deemed necessary and determined by EOHHS.

EXHIBIT 2 – ACO Quality Measures

#	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.
1	Childhood Immunization Status	Percentage of members who received all recommended immunizations by their 2nd birthday	Hybrid	NCQA	0038
2	Immunizations for Adolescents	Percentage of members 13 years of age who received all recommended vaccines, including the HPV series	Hybrid	NCQA	1407
3	Timeliness of Prenatal Care	Percentage of deliveries in which the member received a prenatal care visit in the first trimester or within 42 days of enrollment	Hybrid	NCQA	1517
4	Oral Health Evaluation	Percentage of members under age 21 years who received a comprehensive or periodic oral evaluation within the year	Claims	ADA DQA	2517
5	Screening for Depression and Follow Up Plan	Percentage of members 12 to 64 years of age screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Hybrid	CMS	0418
6	Asthma Medication Ratio	Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater	Claims	NCQA	1800
7	Controlling High Blood Pressure	Percentage of members 18 to 64 years of age with hypertension and whose blood pressure was adequately controlled	Hybrid	NCQA	0018
8	Comprehensive Diabetes Care: A1c Poor Control	Percentage of members 18 to 64 years of age with diabetes whose most recent HbA1c level demonstrated poor control (> 9.0%)	Hybrid	NCQA	0059

#	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.
9	Depression Remission or Response	Percentage of members 12 to 64 years of age with a diagnosis of depression and elevated PHQ-9 score, who receive follow-up PHQ-9 and experienced remission or response within 4 to 8 months of the initial elevated score	Hybrid	NCQA	N/A
10	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of members 1 to 17 years of age who had two or more antipsychotic prescriptions and received metabolic testing	Claims	NCQA	2800
11	Emergency Department Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions	Risk adjusted ratio (obs/exp) of ED visits for members 18 to 64 years of age identified with a diagnosis of serious mental illness, substance addiction, or co-occurring conditions	Claims	EOHHS	N/A
12	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	Percentage of ED visits for members 6 to 64 years of age with a principal diagnosis of mental illness, where the member received follow-up care within 7 days of ED discharge	Claims	NCQA	2605
13	Follow-Up After Hospitalization for Mental Illness (7 days)	Percentage of discharges for members 6 to 64 years of age, hospitalized for mental illness, where the member received follow-up with a mental health practitioner within 7 days of discharge	Claims	NCQA	0576
14	Hospital Readmissions (Adult)	Case-mix adjusted rate of acute unplanned hospital readmissions within 30 days of discharge for members 18 to 64 years of age	Claims	NCQA	1768
15	Health-Related Social Needs Screening	Percentage of members 0 to 64 years of age who were screened for health-related social needs in the measurement year	Hybrid	EOHHS	N/A
16	Behavioral Health Community Partner Engagement	Percentage of members 18 to 64 years of age who engaged with a BH Community Partner and received a treatment plan within 4 months (122 days) of Community Partner assignment	Claims	EOHHS	N/A

#	Measure Name	Measure Description	Data Source	Measure Steward	NQF No.
17	Long-Term Services and Supports Community Partner Engagement	Percentage of members 3 to 64 years of age who engaged with an LTSS Community Partner and received a care plan within 4 months (122 days) of Community Partner assignment	Claims	EOHHS	N/A
18	Community Tenure	Risk adjusted ratio (obs/exp) of eligible days that members with BH diagnoses and/or at least 3 consecutive months of LTSS utilization 0 to 64 years of age reside in their home or in a community setting without utilizing acute, chronic, or post-acute institutional health care services during the measurement year	Claims	EOHHS	N/A
19	Initiation and Engagement of Alcohol, or Other Drug Abuse or Dependence Treatment	Percentage of members 13 to 64 years of age who are diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency who initiate treatment within 14 days of diagnosis and who receive at ≥2 additional services within 30 days of the initiation visit	Claims	NCQA	0004
20	Acute Unplanned Admissions for Individuals with Diabetes	Case-mix adjusted rate of acute unplanned hospital admissions for individuals 18 to 64 years of age with diabetes.	Claims	EOHHS	N/A
21	Overall Rating and Care Delivery	Composites related to communications and willingness to recommend	Survey	AHRQ	0005
22	Person-Centered Integrated Care	Composites related to care planning, self-management, and integration of care	Survey	TBD	N/A

2.2 Member Experience Survey

EOHHS will use survey instruments to evaluate the Enrollee experience for its ACO program. Where available, EOHHS will use nationally validated surveys, such as the CAHPS Clinician and Group Survey. EOHHS will include survey questions related to EOHHS' delivery system reform priorities, such as a Patient-Centered Medical Home supplement and specific questions related to the integration of physical health, Behavioral Health, Long Term Services and Supports, and health-related social needs. EOHHS intends to phase in new approaches to evaluating Enrollee experience over time, including survey instruments that evaluate Enrollee experience with the services provided by Behavioral Health and Long Term Services and Support providers.

2.3 Quality Measure Scoring Methodology for All Measures

The Contractor may receive "achievement points" and "improvement points" for each Quality Measure.

2.3.1 Achievement Points

The Contractor may receive up to a maximum of ten (10) achievement points for each Quality Measure, as follows:

1. EOHHS will establish an "attainment threshold" and a "goal benchmark" for each Quality Measure
    a. "Attainment threshold" sets the minimum level of performance at which the contractor can earn achievement points
    b. "Goal benchmark" is a high performance standard above which the Contractor earns the maximum number of achievement points (i.e. 10 points)
2. EOHHS will calculate the Contractor's performance score on the Quality Measure based on the measure specifications
3. EOHHS will award the Contractor between zero (0) and ten (10) achievement points as follows:
    a. If the Contractor's performance score is less than the attainment threshold: 0 achievement points
    b. If the Contractor's performance score is greater than or equal to the goal benchmark: 10 achievement points
    c. If the performance score is between the attainment threshold and goal benchmark: achievement points earned are determined by the formula:
        i. 10*((Performance Score – Attainment Threshold) / (Goal Benchmark – Attainment Threshold))

EXHIBIT 3 – Example Calculation of Achievement Points for Measure A

Measure A attainment threshold = 45% (e.g., corresponding to 25th percentile of HEDIS benchmarks)
Measure A goal benchmark = 80% (e.g., corresponding to 90th percentile of HEDIS benchmarks)

Scenario 1:

- Measure A performance score = 25%
- Achievement points earned = 0 points

Scenario 2:

- Measure A performance score = 90%
- Achievement points earned = 10 points

Scenario 3:

- Measure A performance score = 60%
- Achievement points earned = 10*((60% - 45%) / (80% - 45%)) = 4.29 points

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2.3.2 Improvement Points

In addition to receiving achievement points based on performance (on a 0 to 10 scale), the Contractor may earn improvement points for reaching established improvement targets for each Quality Measure. Improvement points will be calculated as follows:

1. EOHHS will calculate the Contractor's performance score on each Quality Measure based on the measure specifications. Each Quality Measure's specifications will describe the detailed methodology by which this performance score is calculated.

2. EOHHS will compare the Contractor's performance score on each Quality Measure to the Contractor's performance score on that same Quality Measure from the highest scoring previous Performance Year (excluding BP3 due to a state emergency declared by the federal or state government).

3. EOHHS will calculate an Improvement Target for each Quality Measure using the following formula (unless otherwise communicated by EOHHS). The Improvement Target is based on at least a 20% improvement each year in the gap between Goal Benchmark and the Attainment Threshold of each ACO measure.

    a. Improvement Target formula = [(Goal Benchmark –Attainment Threshold) /5]

For example, for Measure A, if the Attainment Threshold is 50% and the Goal Benchmark is 60%, the Improvement Target is 2% [(60 – 50)/5)]

    b. For the purposes of calculating the Improvement Target, the result is rounded to the nearest tenth (i.e., one decimal point).

For example, for Measure B, if the Attainment Threshold is 80% and the Goal Benchmark is 90.2%, the Improvement Target is calculated to 2.04% [(90.2 – 80)/5)] which rounds to 2.0%.

c. Starting in PY2, the Contractor may earn up to five (5) improvement points per measure per year for increases in measure score which meet or exceed the improvement target.

For example, for Measure B, the Improvement Target is 2.0%. If Contractor performance in PY4 is 54.0% and if Contractor performance in PY5 is 60.0%, the Contractor improvement from PY4 to PY5 is 6.0% [(60.0-54.0)] and the Contractor is awarded 5 improvement points. No points above 5 are awarded for increases in excess of the improvement target.

d. For the purposes of calculating the difference in Contractor quality performance over a previous year, the results are rounded to the nearest tenth (i.e., one decimal point). Rounding takes place after the calculation.

For example, for Measure B, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 60.17%, the Contractor improvement from PY4 to PY5 is 5.63% [(60.17-54.54)], and the Contractor improvement will be rounded to the nearest tenth (i.e., one decimal point) to 5.6%.

e. The Improvement Target is based on the *higher* of the original baseline (PY1) or any year's performance prior to the current PY. This is intended to avoid rewarding regression in performance.

For example, for Measure B, assume Contractor performance in PY1 is 90.0% and the Improvement Target is 2.0%. If in PY4 the performance for the Contractor decreases to 89.0%, in PY5 the Contractor would need to reach 92.0% to reach the Improvement Target.

f. There are several special circumstances:
   i. *At or Above Goal:* If the Contractor has prior PY performance scores equal to or greater than the Goal Benchmark then the Contractor may still earn up to five (5) improvement points in each PY if improvement from the highest prior PY (excluding PY3 due to a state of emergency declared by the federal or state government) is greater than or equal to the Improvement Target.

   ii. *At or Below Attainment:* If the Contractor has prior PY performance scores less than the Attainment Threshold then the Contractor may still earn up to five (5) improvement points each PY if improvement from the highest prior PY is greater than or equal to the Improvement Target, and performance in the current PY does not equal or exceed the Attainment Threshold. Additionally, if the Contractor has prior PY performance scores less than the Attainment Threshold and current PY performance scores equal to or above the Attainment Threshold then the Contractor may still earn up to five (5) improvement points if the improvement is greater than or equal to the Improvement Target.

EXHIBIT 4 – Example Calculation of Improvement Points for Measure B

Measure B Attainment = 48.9% | Goal = 59.4% | Improvement Target = 2.1%

	PY4 Score	PY5 Score	Improvement	Improvement Target Met	Improvement Points Earned
Scenario 1:	50.0%	52.1%	2.1%	Yes	5
Scenario 2:	50.0%	56.7%	6.7%	Yes	5
Scenario 3:	59.5%	63.0%	3.5%	Yes; above Goal Benchmark	5
Scenario 4	45.0%	48.0%	3.0%	Yes; below Attainment Threshold	5
Scenario 5:	46.0%	49.0%	3.0 %	Yes; crossing Attainment	5
Scenario 6:	45.0%	46.0%	1.0%	No	0

2.4 Domain Scoring Methodology for All Measures

Domain-based scoring does not apply in PY 1, as only P4R results factor into Quality Score calculation. In PY2, PY4 and PY5, EOHHS will sum the Contractor's achievement and improvement points for all Quality Measures within each Quality Domain. Improvement points earned in one Quality Domain may only be summed with achievement points from the same Quality Domain. The total number of points earned by the Contractor in each domain cannot exceed the maximum number of achievement points available in the domain. The maximum number of achievement points in the domain is calculated by multiplying the number of Pay-for-Performance (P4P) measures in the domain, in the given PY, by the number of available achievement points per measure.

For example, if in PY4, there are ten (10) clinical quality measures in Domain X in Pay-for-Performance, and each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 100. Assume that in PY5 there are now twelve (12) clinical quality measures in Domain X in Pay-for-Performance, and that each measure is worth ten (10) achievement points, the maximum number of achievement points in Domain X would be 120.

Cumulative Example:
Total number of measures in domain: 2
Maximum number of achievement points in the domain = 20
Measure Attainment = 48.9% | Goal = 59.4%
Improvement Target = [(Goal Benchmark –Attainment Level) /5] = [59.4-48.9]/5 = 2.1

For example, for Measure A, if Contractor performance in PY4 is 54.54% and if Contractor performance in PY5 is 58.17% the Contractor will earn 8.8 Achievement Points [10 * (58.17 – 48.9)/(59.4 – 48.9)]. The Contractor has improved from PY4 to PY5 by 3.63% [(58.17 - 54.54)] which will be rounded to the nearest

tenth (e.g., one decimal point) to 3.6% which exceeds the Improvement Target of 2.1%. Thus the Contractor will earn five (5) improvement points. No points above 5 are awarded for increases in excess of the improvement target.

In this scenario the Contractor would earn 13.8 points.

If there is only one (1) additional measure in the Domain and the Contractor earned 9 total points for this measure; the total score for the Contractor would be 20.0 (out of 20) given that domain scores are capped at the maximum number of achievement points (20) in the domain.

Once the total number of points has been calculated, EOHHS will divide the resulting sum by the maximum number of achievement points that the Contractor is eligible for in the domain to produce the Contractor's Domain Score. Domain Scores are a value between zero (0) and one (1) expressed as a percentage (i.e., 0% to 100%). In PY4 and PY5, EOHHS will score the Contractor on each P4P Quality Measure unless the Contractor does not meet eligibility requirements for a specific measure (e.g., it does not meet the minimum denominator requirement). In cases like this, the measure is not factored into the denominator. Reporting measures do not factor into the Domain Score. Additionally, improvement points do not count towards the denominator; they are therefore "bonus" points. Domain Scores are each capped at a maximum value of 100%.

Exhibit 5 below shows an example calculation of an unweighted Domain Score for a Quality Domain.

EXHIBIT 5 – Example Calculations of Unweighted Domain Score

Example Calculations of Unweighted Domain Score		
Example 1	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is 2x10 = 20 points	
	Measure A:	Achievement points: 1.5
		Improvement Points: 0
	Measure B:	Achievement points: 0
		Improvement Points: 5
	Total achievement points: 1.5 + 0 = 1.5 points	
	Total improvement points: 0 + 5 = 5 points	
	Sum of achievement and improvement points: 1.5 + 5 = 6.5 points	
	Unweighted domain score = 6.5/20 * 100 = 32.5%	
Example 2	Domain only has two Quality Measures (Measure A and Measure B)	
	Therefore, maximum number of achievement points is 2x10 = 20 points	
	Measure A:	Achievement points: 8
		Improvement Points: 5
	Measure B:	Achievement points: 9.3
		Improvement Points: 0
	Total achievement points: 8 + 9.3 = 17.3	
	Total improvement points: 5 points	

	Sum of achievement and improvement points: 17.3 + 5 = 22.3 points
	However, total number of points cannot exceed maximum number of achievement points (20)
	Therefore, total domain points = 20
	Unweighted domain score = 20/20 * 100 = 100%

2.5 Methodology for Establishing Performance Benchmarks for Quality Measures

EOHHS will establish the attainment threshold and goal benchmark for each Quality Measure. EOHHS anticipates establishing these performance benchmarks as follows:

- For Quality Measures based on NCQA HEDIS measures, EOHHS anticipates using NCQA Quality Compass percentile benchmarks where possible
- For non-HEDIS claims-based Quality Measures, EOHHS anticipates using existing MassHealth data sources such as MassHealth historical claims or encounter data
- For non-HEDIS Clinical Quality Measures, or other Quality Measures where EOHHS does not have access to applicable data, EOHHS anticipates using MassHealth benchmarks based on the ACO-attributed population

2.6 Methodology to Calculate Quality Score

EOHHS will calculate the Contractor's Quality Score by multiplying the unweighted domain scores for each domain by the domain weights detailed in Exhibit 1, and then summing the resulting weighted domain scores together. The Contractor's Quality Score will be a number between zero (0) and one (1), inclusive.

3 Methodology to calculate DSRIP Accountability Score

3.1 Overall Approach

The amount of at-risk DSRIP funds a Contractor earns will be determined by its DSRIP Accountability Score. The Contractor's DSRIP Accountability Score will be based on the ACO's TCOC acheivement, as well as their quality performance on the same four (4) Quality Measure domains used for the Contractor's Quality Score. The Contractor's TCOC acheivement will be calculated as described in Section 3.2 below; the Contractor's quality performance will be calculated as described in Section 3.3 below. The relative contributions of the Contractor's TCOC acheivement and quality performance are detailed in Exhibit 6:

EXHIBIT 6 – ACO DSRIP Accountability Domains

DSRIP Accountability Domain	% Contribution to DSRIP Accountability Score		
	Performance Year (PY) 0	PY 1-2	PY 3-5
Total Cost of Care acheivement	NA	NA	25%
Quality performance	NA	100%	75%

3.2 Total Cost of Care Performance

This domain reflects a Contractor's TCOC performance for its Enrollees, relative to the Contractor's TCOC Benchmark as described in Section 4 of the Contract. The Contractor's TCOC component of its DSRIP Accountability Score will be calculated in the following manner:

- If the Contractor's TCOC Performance is lower than the Contractor's TCOC Benchmark (i.e., the Contractor has Savings), as described in Section 4 of the Contract, the Contractor's TCOC component of its DSRIP Accountability Score equals 100%
- If the Contractor's TCOC Performance exceeds the Contractor's TCOC Benchmark by more than 5% of the Contractor's TCOC Benchmark, as described in Section 4 of the Contract, the Contractor's TCOC component of its DSRIP Accountability Score equals 0%
- If the Contractor's TCOC Performance exceeds the Contractor's TCOC Benchmark by less than 5% of the Contractor's TCOC Benchmark, the Contractor's TCOC component of its DSRIP Accountability Score equals: one (1) minus (the Contractor's TCOC Performance minus the Contractor's TCOC Benchmark) / (5% of the Contractor's TCOC Benchmark)

3.3 Quality Performance

The Contractor's quality component of the DSRIP Accountability Score will be the exact same number as the Contractor's Quality Score, as described in Section 2.

3.4 DSRIP Accountability Score

EOHHS will calculate the Contractor's DSRIP Accountability Score by multiplying the Contractor's TCOC component of its DSRIP Accountability Score (as calculated in Section 3.2 above) and the Contractor's quality component of its DSRIP Accountability Score (as described in Section 3.3 above) by the domain weights in Exhibit 6 above, and summing the resulting amounts together. The resulting number is the Contractor's DSRIP Accountability Score, which will be a number between zero (0) and one (1), inclusive.