

State of Tennessee Health Care Innovation Initiative

Performance Report

Patient Centered Medical Home

[Report Date]

[Report Period Total Cost of Care: Start/end dates of period]

[Report Period Quality & Efficiency Metrics: Start/end dates of period]

Payer Name

Provider Name

Provider TIN

Practice Type (e.g. Family, Adult or Pediatric)

Panel Size (e.g. Low Volume or High Volume)

For PCMH Wave 1, 2, 3, 4, 5, and 6 February 2023 reports: *Each performance report is meant to give providers a sense of how they have been performing during CY2022. Some of the fields are unable to be reported at this time.*

Performance Report

Sample PCMH Pediatric Practice Performance Report

(High volume panel size)

Report Date: Month Year

Total Cost of Care Report Period: January 1, 2022 – September 30, 2022

Quality Metrics Report Period: January 1, 2022 – December 31, 2022

For MM/DD/YYYY, use the most recent dates available for the quarter reported.

PCMH Membership

- [Health Plan Name] members attributed to your PCMH as of (MM/DD/YYYY): 2,344

A. Quality Performance

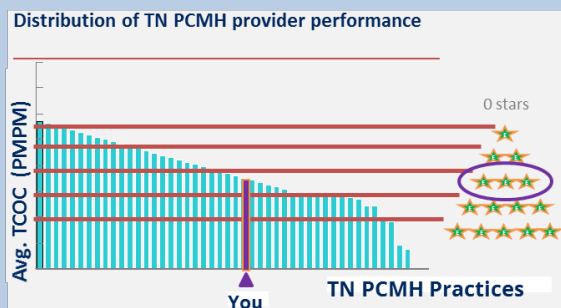
Stars earned (1 of 5): ★☆☆☆☆

- A minimum of 2 quality stars is required to be eligible for an outcome payment.

B. Efficiency Performance: Total Cost of Care

Stars earned (3 of 5): ★★☆☆☆

- A minimum of 2 quality stars is required to be eligible for an outcome payment.
- The graph below shows your average total cost of care as compared to other (MCO) PCMHs in Tennessee:



C. Total Cost of Care Savings Amount

Your risk-adjusted TCOC savings amount: **\$1.98**

Note: An increase in TCOC should be shown as a negative number (e.g. -\$1.98)

D. Outcome payment

- The outcome payment will be calculated based on the complete 2022 calendar year of data and will be paid following claims run-out and processing.

Appendix: Quality measure comparison

Note: Populate the percentage of each star value earned only if the organization met the quality gate and earned the star. If the quality gate is not met or if a star is not earned, then populate the Star Value as 0.00%. The Star Value should be populated as "N/A" for measures where the minimum number of observations is below 30.

A. Quality Performance

Stars earned (1 of 5): ★☆☆☆☆

- A minimum of 2 quality stars is required to be eligible for an outcome payment.
- You may earn up to 50% based on your quality performance.
- Each measure requires 30 observations to accurately measure your performance.
- In order to earn a star, your performance must meet or exceed the threshold for each sub-metric with 30 observations.

For the Child and Adolescent Well-Care Visits composite measure, remove “3-11 years” sub-measure for Adult practices only.

Quality star percentage, performance and threshold values should be rounded to the nearest hundredth decimal place.

Quality Measure	Observations	Your Performance	Threshold	Star Earned	Star Value
Asthma Medication Ratio	12	91.10%	≥81.00%	—	N/A
Childhood Immunizations Status-Combination 10	63	73.00%	≥42.00%	★	0.00%
Child and Adolescent Well-Care Visits					
Ages 3 - 11 years	35	62.00%	≥65.00%	—	N/A
Ages 12 – 17 years	36	41.00%	≥57.00%		
Ages 18 – 21 years	42	38.00%	≥39.00%		
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months	45	50.00%	≥61.00%	—	N/A
Well-Child Visits for Ages 15-30 Months	62	55.00%	≥71.00%		
Immunizations for Adolescents-Combination 2	63	73.00%	≥26.00%	★	0.00%

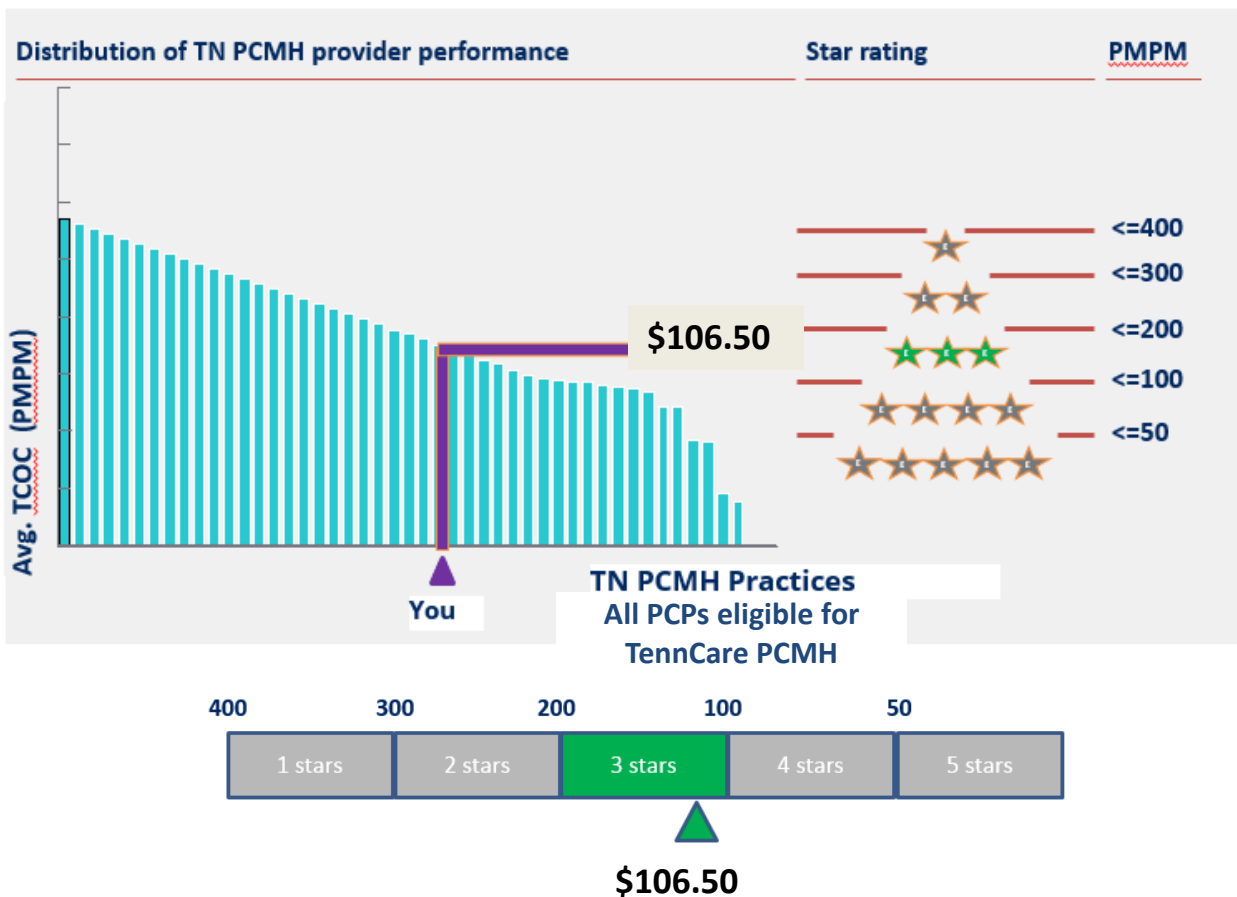
Follow this order of measures and sub-measures

B. Efficiency Performance: Total Cost of Care

Stars earned (3 of 5): ★★☆☆☆

- Your average per member per month Total Cost of Care (risk-adjusted): **\$106.50**
- A minimum of 2 quality stars is required to be eligible for an outcome payment.
- Each efficiency star is worth 10% in the outcome payment as described in Section D.

The graph below shows your average total cost of care as compared to other (MCO) PCMHs in Tennessee:



Your Non-Risk Adjusted Total Cost of Care
(per member per month)

\$82.01



Your Risk Adjustment Factor

0.77



Your Risk-Adjusted Total Cost of Care
(per member per month)

\$106.50

B. Total Cost of Care (for reporting only)

TCOC breakdown by care category as compared to all {MCO} PCMHs in Tennessee

Your average Total Cost of Care per member per month (non risk adjusted): \$XXX.XX

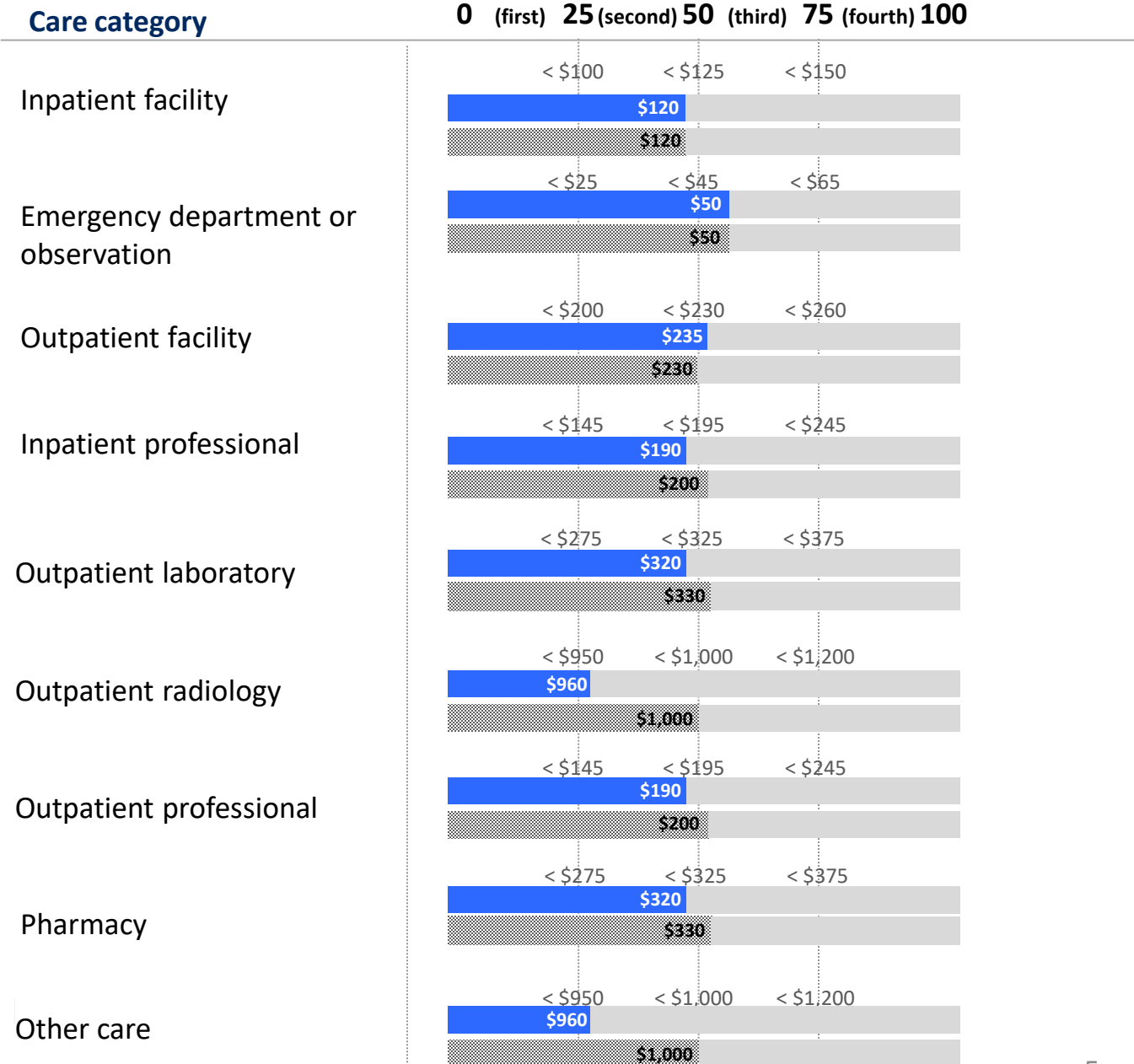
Provider average Total Cost of Care per member per month (non risk adjusted): \$XXX.XX

- Your performance
- Provider base average

Average cost per member (non risk adjusted)

Percentile (Quartile) of Providers

0 (first) 25 (second) 50 (third) 75 (fourth) 100



Follow this order of categories

B. Total Cost of Care (continued)

Behavioral Health Spend

Average behavioral health spend per member per month by care category as compared to all {MCO} PCMHs in Tennessee

Your average behavioral health spend per member per month (non-risk adjusted): \$XXX.XX
 Provider average behavioral health spend per member per month (non-risk adjusted): \$XXX.XX

- Your performance
- ▒ Provider base average

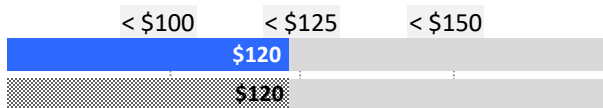
Average behavioral health spend per member (non-risk adjusted)

Percentile (Quartile) of Providers

0 (first) 25 (second) 50 (third) 75 (fourth) 100

Behavioral health care category

Inpatient/residential



Emergency



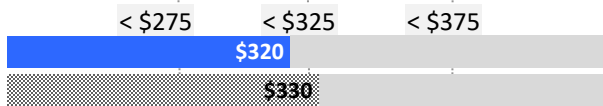
Outpatient and other treatment



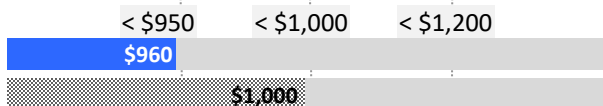
Pharmacy



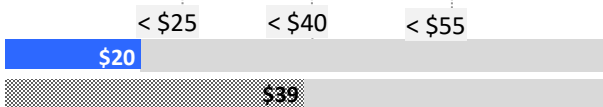
Case management



Supportive services



Other care



Follow this order of categories

C. Total Cost of Care Savings Amount

Your risk-adjusted total cost of care savings amount: **\$1.98**

Note: An increase in TCOC should be shown as a negative number (e.g. -\$1.98)

One of the goals of the PCMH program is to reduce the total cost of care (TCOC) for members through reduced utilization, better management of chronic conditions, and more cost-conscious referrals.

The total cost of care savings amount shows how much your organization saved per member per month this year. The total cost of care savings amount may be determined by calculating the difference between the benchmark (your risk-adjusted baseline TCOC x 1% growth rate) and your actual total cost of care:

Risk-adjusted baseline	2022 Benchmark (Baseline at 1% growth rate)	Your Actual 2022 TCOC	TCOC Savings Amount
\$107.41	\$108.48	\$106.50	\$1.98

Total cost of care figures are displayed as per member per month amounts.

D. Outcome Payment

- The outcome payment will be calculated based on the complete calendar year of data and paid following claims run-out and processing.

The outcome payment will be calculated using this formula:

A negative risk-adjusted TCOC savings should be shown as \$0 in the outcome payment formula.

Round outcome savings percentage to the nearest hundredth decimal place.

Section C

Section A + B

N/A until the May 2023 performance report.

Risk-adjusted
TCOC savings
amount
(PMPM)



Maximum
share of
savings



Outcome
savings
percentage



Member
months



Outcome
payment

Savings

50%

N/A

N/A

N/A

Include Outcome Savings Percentage starting with February 2023 performance report.

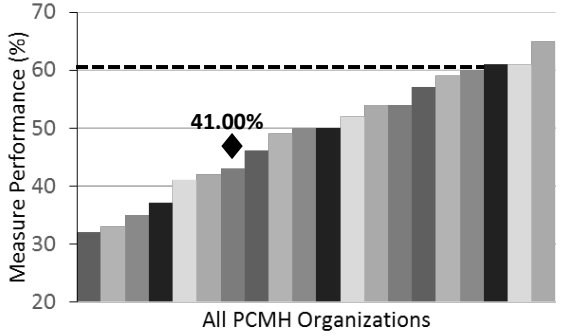
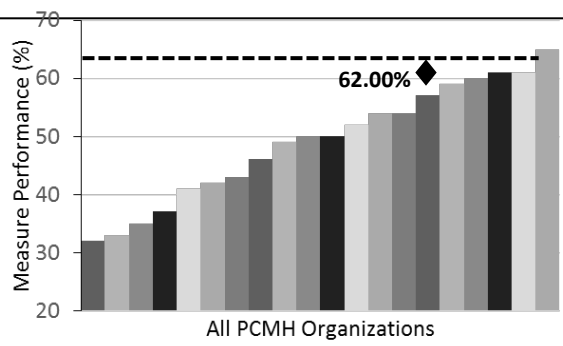
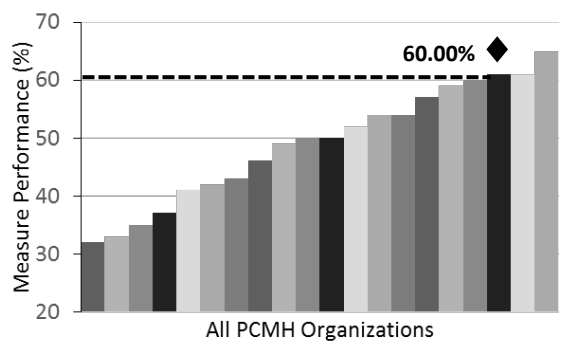
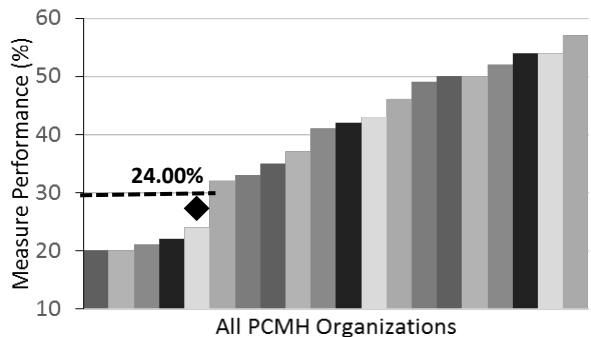
- Risk-adjusted TCOC savings amount:** The total cost of care savings amount shows how much your organization saved per member per month this year. Please note: if the calculated Risk-adjusted TCOC savings is a negative number, then it will show as \$0 in the outcome payment formula.
- Maximum share of savings:** Each organization can earn a maximum of 50% shared savings.
- Outcome savings percentage:** A minimum of 2 quality stars is required to be eligible for an outcome payment. Once the minimum quality stars are met, add together the percentages you earned from quality and efficiency stars in Section A and Section B. The outcome savings percentage can reach up to 100% if all stars are earned.
- Member months:** An outcome payment is generated based on the number of members attributed to your PCMH over time. During the performance period, membership attribution from 2022 will be used to count towards the actual outcome payment. Only member months for members in each PCMH's annual performance panel are included in this calculation.
- Outcome payment:** The outcome payment is officially calculated and generated once per year. An estimate will be shown in the May 2023 performance report and may change based on your final performance and attributed members.

Appendix: Quality comparison (1/3)

Quality measure comparison with all PCMH organizations

Organization's performance value on each metric should be rounded to the nearest hundredth decimal place.

Quality Measure	Short Description	Threshold (%)	Your Performance ◆	Threshold - - -
Asthma Medication Ratio:	<i>The % of members 5-64 years of age who were identified as having persistent asthma and a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</i>	≥81.00%	24.00%	81.00%
Childhood Immunizations Status - Combination 10:	<i>The % of children 2 years of age who were compliant on all of the following sub-measures: DTaP, IPV, MMR, HiB, HepB, VZV, PCV, Hep A, RV, and flu.</i>	≥42.00%	60.00%	42.00%
Child and Adolescent Well-Care Visits:				
Ages 3 – 11 years	<i>The % of members 3 –11 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</i>	≥65.00%	62.00%	65.00%
Ages 12 – 17 years	<i>The % of members 12 –17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</i>	≥57.00%	41.00%	57.00%



For each measure, display the performance distribution of all PCMH organizations (across all waves) in the graph.

For the "Child and Adolescent Well-Care Visits" composite measure, remove '3-11 years' sub-measure for Adult practices only.

Follow this order of measures

Appendix: Quality comparison (2/3)

Quality measure comparison with all PCMH organizations

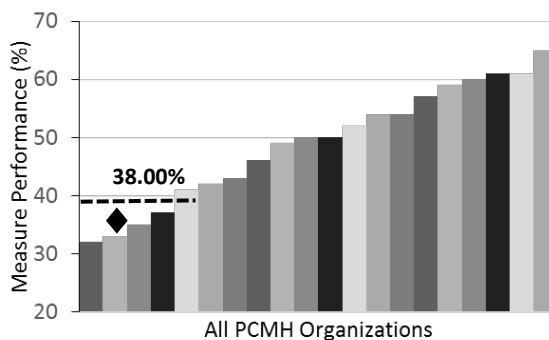
Quality Measure	Short Description	Threshold (%)	Your Performance	Threshold
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Child and Adolescent Well-Care Visits:

Ages 18 – 21 years

The % of members 18 – 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

≥39.00%

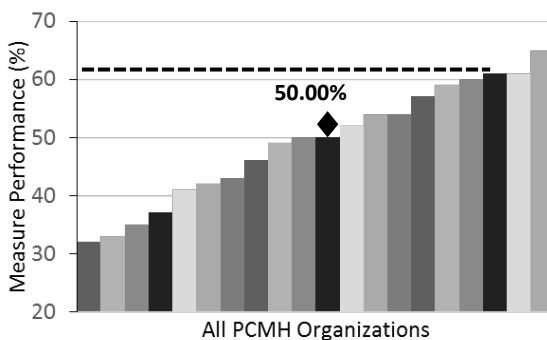


Well-Child Visits in the First 30 Months of Life:

Well-Child Visits in the First 15 Months

The % of members who had the following number of well-child visits with a PCP during the last 15 months. Children who turned 15 months old during the measurement year: Six or more well-child visits.

≥61.00%



Follow this order of measures

Appendix: Quality comparison (3/3)

Quality measure comparison with all PCMH organizations

Quality Measure	Short Description	Threshold (%)	Your Performance	Threshold
<p><u>Well-Child Visits in the First 30 Months of Life:</u></p> <p>Well-Child Visits for Age 15 Months – 30 Months</p>	<p><i>The % of members who had the following number of well-child visits with a PCP during the last 15 months. Children who turned 30 months old during the measurement year: Two or more well-child visits.</i></p>	<p>≥71.00%</p>		<p>--- ---</p>

<p><u>Immunizations for Adolescents - Combination 2:</u></p>	<p><i>The % of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the HPV vaccine series by their 13th birthday.</i></p>	<p>≥26.00%</p>		<p>--- ---</p>
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**Add this comment underneath bar graphs which include 0% performance --
 ->**

If an organization's performance is 0%, their bar will not be visible on this graph.



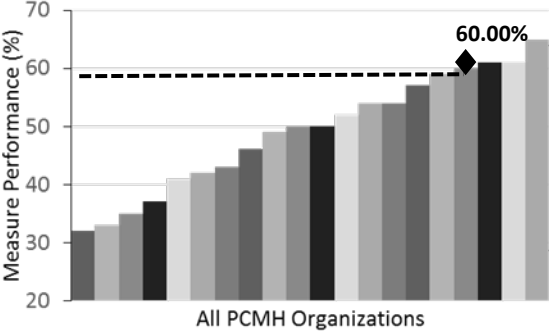
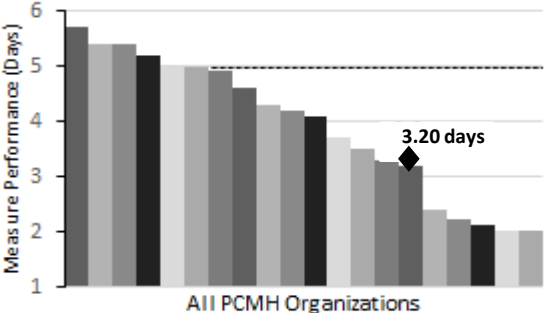
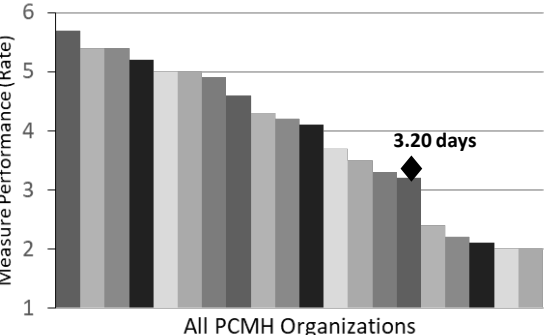
Follow this order of measures

Appendix: Quality and Efficiency measures for reporting only (1/2)

Quality and efficiency measure comparison with all PCMH organizations

Organization's performance value on each metric should be rounded to the nearest hundredth decimal place.



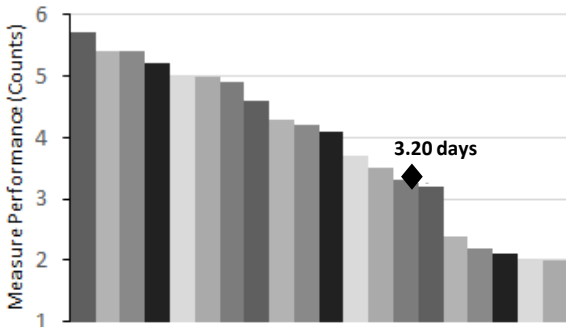
Follow this order of measures

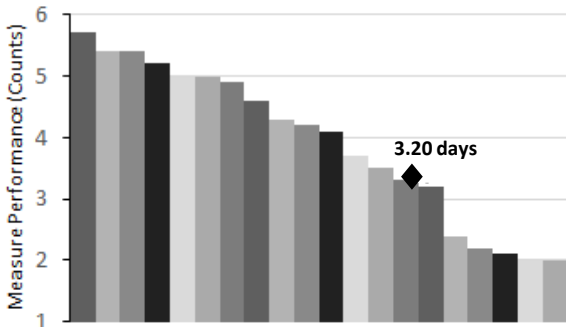
Measure	Short Description	Your Performance 	National Benchmark 
<p><u>Appropriate Treatment for Upper Respiratory Infection, Ages 3 Months – 17 Years:</u></p>	<p><i>The % of episodes for members 3 months–17 years of age with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.</i></p>	 <p>60.00%</p>	<p>60.00%</p>
<p>Use Quality Compass IndicatorKey: 210070_10</p>			
<p><u>Inpatient Average Length of Stay:</u></p>	<p><i>The inpatient average length of stay for all patients, excluding newborns.</i></p>	 <p>3.20 days</p>	<p>3.20 days</p>
<p>Use Quality Compass IndicatorKey: 201814_20</p>			
<p><u>All Cause Hospital Readmissions:</u></p>	<p><i>For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</i></p>	 <p>3.20 days</p>	<p>3.20 days</p>

Appendix: Quality and Efficiency measures for reporting only (2/2)

Quality and efficiency measure comparison with all PCMH organizations

Follow this order of measures

Measure	Short Description	Your Performance 	National Benchmark 
<u>Avoidable ED Visits (Ambulatory sensitive):</u>	<i>The number of ED visits for ambulatory care sensitive conditions, per 1,000 member months, based on ACSCs as defined by the Institute of Medicine.</i>		



Populate updated Quality Compass national benchmarks (using the ‘IndicatorKey’) for applicable reporting-only metrics for the November, February, May, and August reports. Begin using the 2022 Quality Compass benchmarks in the November 2022 reports for applicable reporting-only metrics. For example, populate the quarterly reports generated in February 2023 with the 2022 Quality Compass national benchmarks.

For measures where lower numbers indicates better performance, the graphs should be inverted as shown.

Add the Quality Compass national benchmark for the “National – All LOBs: Average” 50th percentile (represented as a horizontal dotted line), if applicable, to these graphs.