

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 Family Practice Performance Report

(low volume panel size)

Report Date: Month Year

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

Quality & Efficiency 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 (3 of 10): ★★☆☆☆☆☆☆☆☆

- A minimum of 4 quality stars is required to be eligible for an outcome payment.

B. Efficiency Performance

Stars earned (1 of 2): ★☆☆☆☆

- Each efficiency star is worth 15%.
- A minimum of 4 quality stars is required to be eligible for an outcome payment.

Efficiency improvement percentage: 0.00%

- This score is calculated based on improvement relative to your organization’s efficiency the previous year.

Reminder: A negative average efficiency improvement percentage should be shown as 0.

C. Outcome Payment

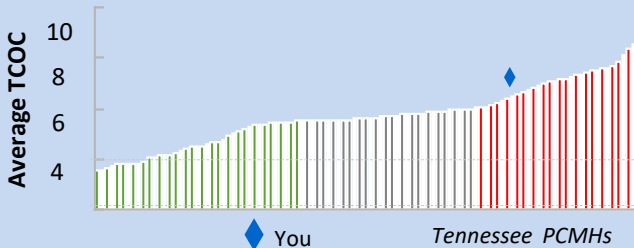
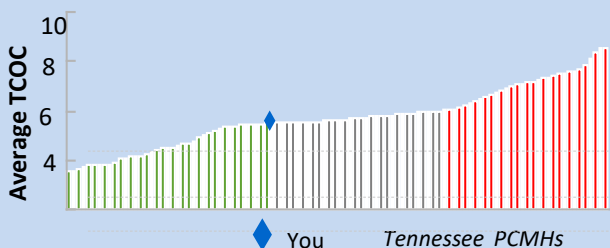
- The outcome payment will be calculated based on the complete 2022 calendar year of data and will be paid following claims run-out and processing.

D. Total Cost of Care (for reporting only)

Your average per member per month Total Cost of Care \$XXX.XX

Distribution of provider average TCOC (non-risk adj)

Distribution of provider average BH spend (non-risk adj)



Appendix: Quality Measure Comparison

A. Quality Performance

Stars earned (3 of 10): ★★☆☆☆☆☆☆☆☆

- A minimum of 4 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
Antidepressant Medication Management (adults only) - Effective Continuation Phase Treatment	21	78.10%	≥40.00%	—	N/A
Asthma Medication Ratio	33	85.10%	≥81.00%	★	0.00%
Controlling High Blood Pressure	402	31.10%	≥49.00%	—	N/A
Childhood Immunizations Status – Combination 10	347	20.40%	≥42.00%	—	N/A
Blood Pressure Control for Patients With Diabetes	252	51.30%	≥56.00%	—	N/A
Eye Exam for Patients With Diabetes	252	67.30%	≥51.00%	★	0.00%
Hemoglobin A1c Control for Patients With Diabetes: HbA1c poor control (>9.0%)	33	49.10%	≤47.00%	★	0.00%
Child and Adolescent Well-Care Visits					
Ages 3 – 11 years	134	62.00%	≥65.00%	—	
Ages 12 - 17 years	226	41.00%	≥57.00%		N/A
Ages 18 – 21 years	25	38.00%	≥39.00%		
Well-Child Visits in the First 30 Months of Life					
Well-Child Visits in the First 15 Months	77	50.00%	≥61.00%		N/A
Well-Child Visits for Ages 15-30 Months	102	55.00%	≥71.00%	—	
Immunizations for Adolescents – Combination 2	24	21.10%	≥26.00%	—	N/A

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.

Follow this order of measures and sub-measures

B. Efficiency Performance

Efficiency Stars

Stars earned (1 of 2): ★☆☆

- A minimum of 4 quality stars is required to be eligible for an outcome payment.
- Each efficiency star is worth 15% in the outcome payment as described in Section C.

Efficiency Measure per 1,000 member months	Your performance	Threshold	Star Earned
ED Visits	76.00	≤72.00	—
Inpatient Discharges	3.00	≤5.00	★

Efficiency Improvement Percentage

Efficiency Improvement Percentage:

- This score is calculated based on improvement relative to your organization's efficiency the previous year.
- A positive value in the Efficiency Improvement column denotes improvement in the measure.
- A negative value in the Efficiency Improvement column denotes a decrease in performance on that measure.
- The Efficiency Improvement Percentage for each efficiency measure is limited to ± 20.00%.
- If the average Efficiency Improvement Percentage results in a negative number, it will be set to 0.00%.
- Note: Values rounded to the nearest hundredth decimal place.

Efficiency Measure per 1,000 Member Months	Performance at Baseline (CY2021)	Performance Since 1/1/22	Efficiency Improvement
ED Visits	78.10	76.00	2.69%
Inpatient Discharges	2.80	3.00	-7.14%
EFFICIENCY IMPROVEMENT PERCENTAGE (AVERAGE)			0.00%

The individual efficiency improvement metric values and percentage values should be displayed using the hundredth decimal place. When calculating the final efficiency improvement percentage average round to the nearest hundredth decimal.

Follow this order of measures

C. 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:

Section B		Section A								
Average cost of care (PMPM)	X	Efficiency stars + Efficiency improvement percentage	X	Maximum share of savings	X	Quality stars	X	Member months	=	Outcome payment
\$242		15.00%		25%		0%		N/A		N/A

Round efficiency star and efficiency improvement values to the nearest hundredth decimal place.

Include Quality Stars percentage starting with February 2023 performance report.

N/A until the May 2023 performance report.

- Average cost of care (PMPM):** \$242 represents the average cost of care for members in primary care practices across all of TennCare.
- Efficiency stars:** You can earn 15% for each of the efficiency measures where you meet or exceed the threshold. You are also measured on your improvement on these two measures. The percentages from both your efficiency stars and your efficiency improvement are added together to determine your efficiency performance.
- Efficiency improvement percentage:** The average percent of improvement in each efficiency metric compared to the previous year, as calculated in section B.
- Maximum share of savings:** Each organization can earn a maximum of 25% shared savings.
- Quality stars:** A minimum of 4 quality stars is required to be eligible for an outcome payment. You may earn up to 50% based on your quality performance.
- Member months:** An outcome payment is generated based on the number of members attributed to your PCMH over time. 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.

D. 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

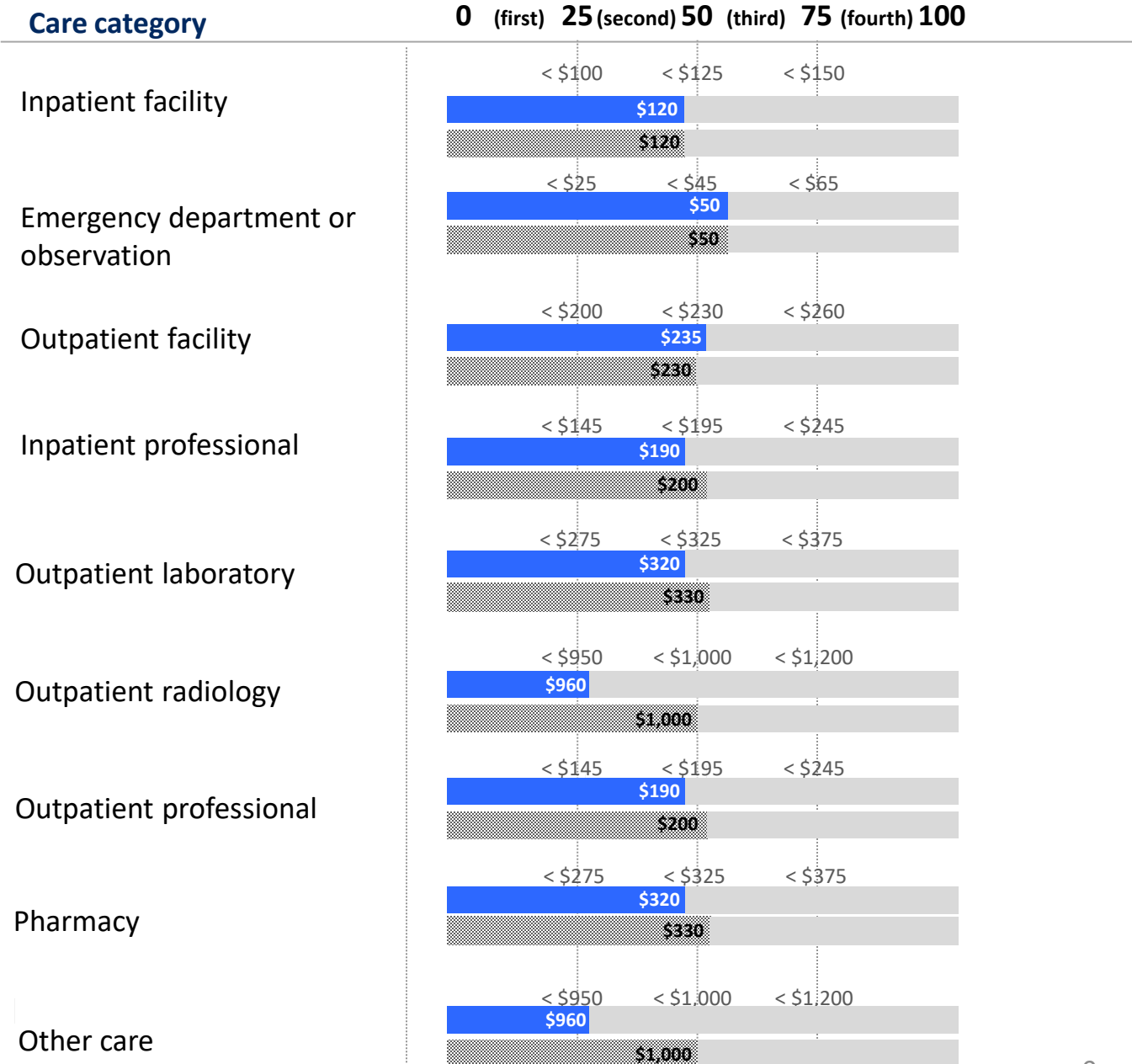
Provider average Total Cost of Care per member per month (non-risk adjusted): \$XXX.XX

- 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

D. 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



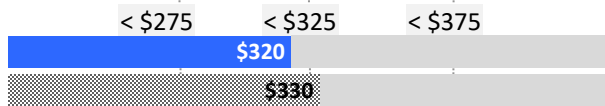
Outpatient and other treatment



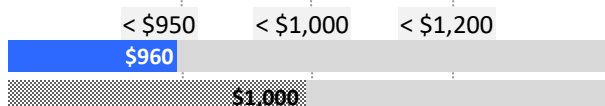
Pharmacy



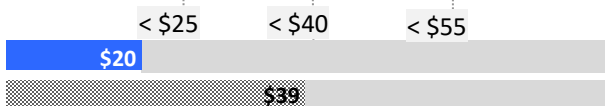
Case management



Supportive services



Other care



Follow this order of categories

Appendix: Quality comparison (1/5)

Quality measure comparison with all PCMH organizations

Quality Measure Short Description Threshold (%) Your Performance **◆** Threshold **----**

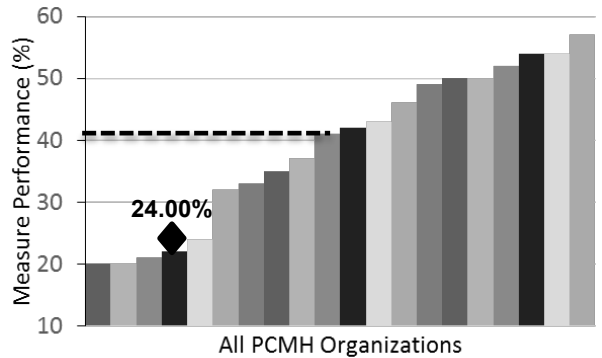
For measures where the performance should be less than the benchmark, the graphs should be inverted as shown.

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

Antidepressant Medication Management (adults only):

Effective Continuation Phase Treatment

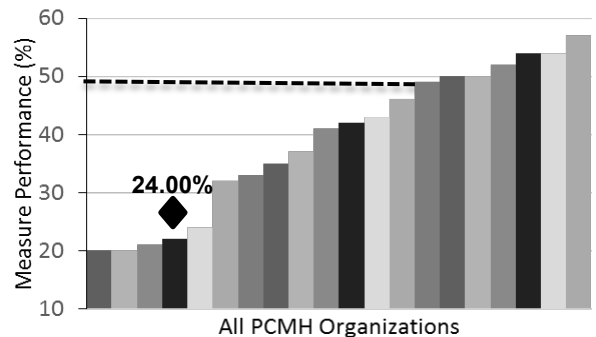
The % of members who remained on an antidepressant medication for at least 180 days (6 months). ≥40.00%



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

Asthma Medication Ratio:

The % of members 5–64 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 during the measurement year. ≥81.00%





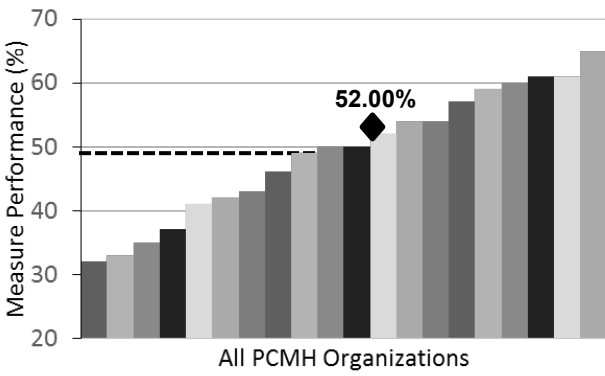
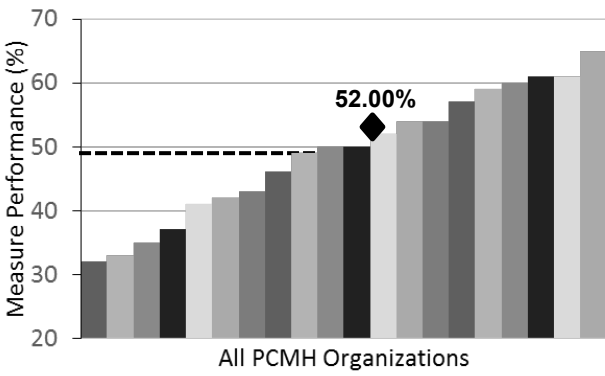
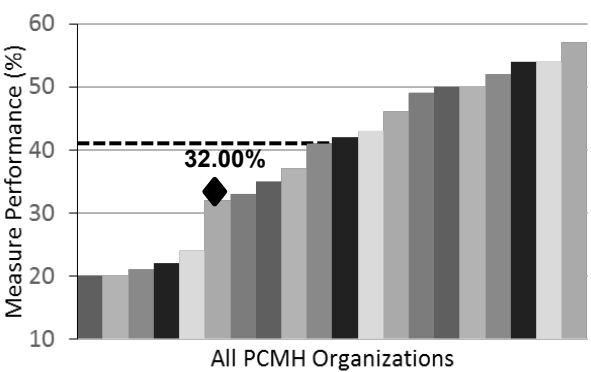
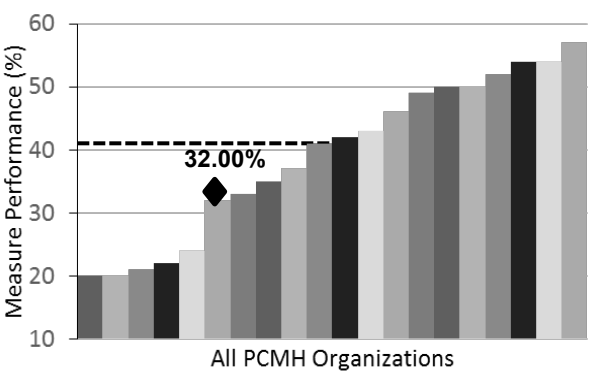
Add this comment underneath bar graphs which include 0% performance --->

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

Follow this order of measures and sub-measures

Appendix: Quality comparison (2/5)



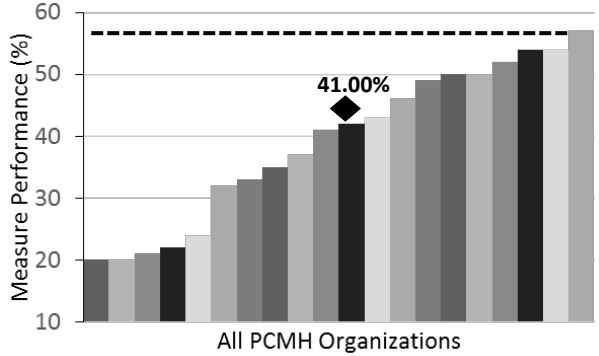
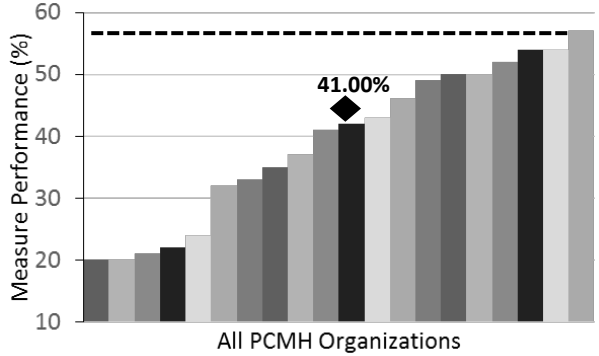
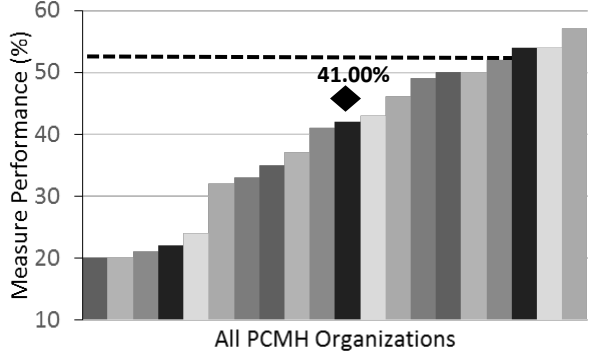
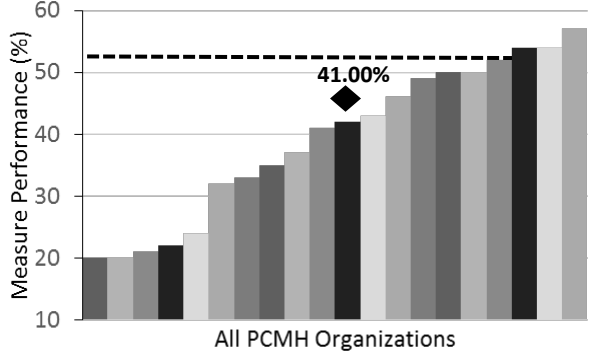
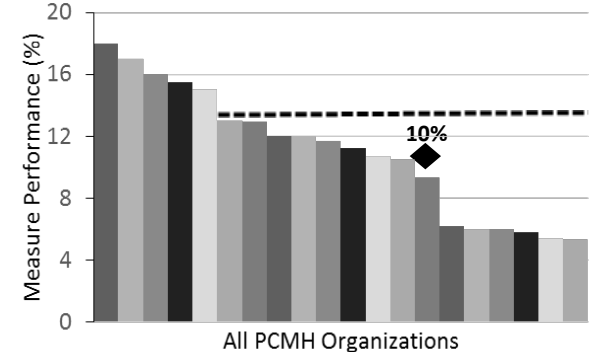
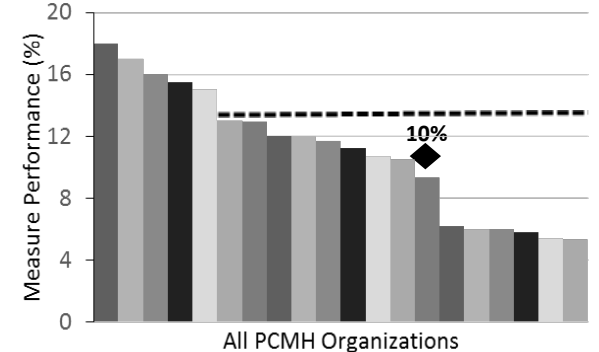
Quality measure comparison with all PCMH organizations

Quality Measure	Short Description	Threshold (%)	Your Performance 	Threshold 
<u>Controlling High Blood Pressure:</u>	<i>The % of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.</i>	≥ 49.00%		
<u>Childhood Immunizations Status - Combination 10:</u>	<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%		

Follow this order of measures and sub-measures

Appendix: Quality comparison (3/5)

Quality measure comparison with all PCMH organizations

Quality Measure	Short Description	Threshold (%)	Your Performance 	Threshold 
<u>Blood Pressure Control for Patients With Diabetes:</u>	<i>The % of members 18 - 75 years of age with diabetes (type 1 and type 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.</i>	≥56.00%		
<u>Eye Exam for Patients With Diabetes:</u>	<i>The % of members 18 - 75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.</i>	≥51.00%		
<u>Hemoglobin A1c Control for Patients With Diabetes: HbA1c poor control (>9%):</u>	<i>The % of members 18 - 75 years of age with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was greater than 9.0% during the measurement year.</i>	≤47.00%		

Follow this order of measures and sub-measures

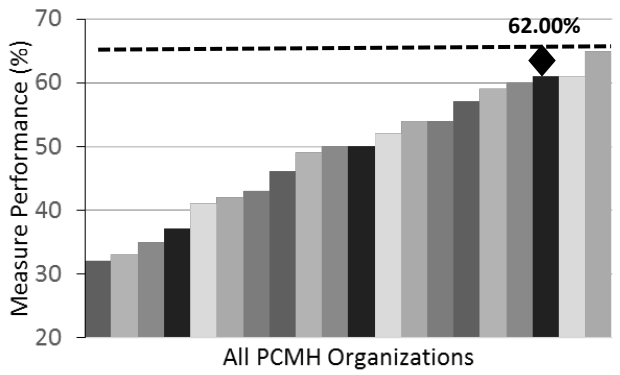
Appendix: Quality comparison (4/5)

Quality measure comparison with all PCMH organizations

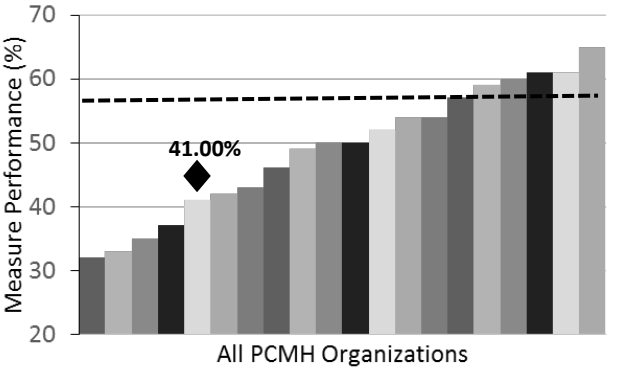
Quality Measure	Short Description	Threshold (%)	Your Performance ◆	Threshold ---
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Child and Adolescent Well-Care Visits:

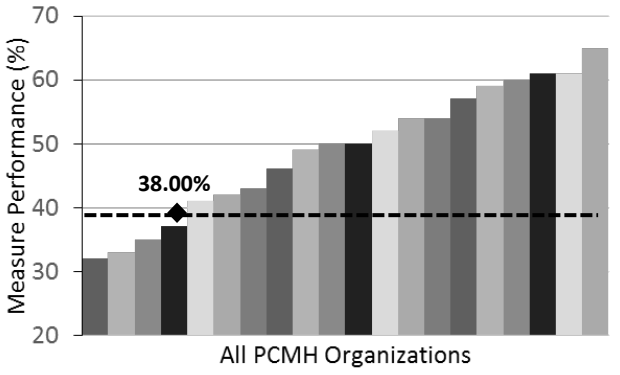
Ages 3 – 11 years *The % of members 3 –11 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.* **≥65.00%**



Ages 12 – 17 years *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.* **≥57.00%**



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%**



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 and sub-measures

Appendix: Quality comparison (5/5)

Quality measure comparison with all PCMH organizations

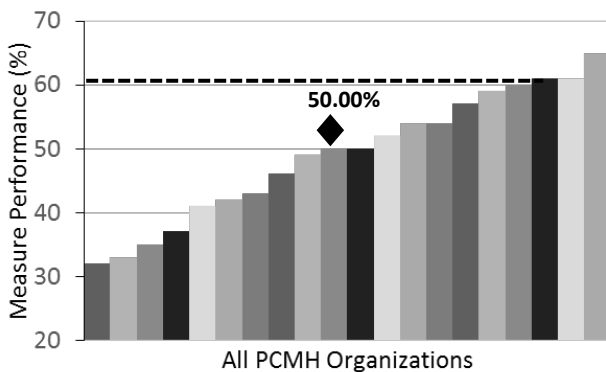
Quality Measure	Short Description	Threshold (%)	Your Performance 	Threshold 
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Well-Child Visits in the First 30 Months of Life:

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.

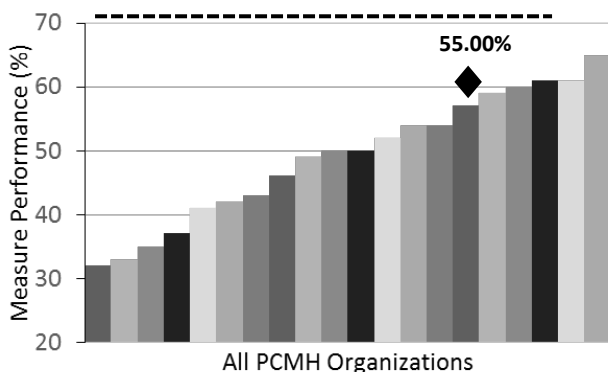
Threshold: $\geq 61.00\%$



Well-Child Visits for Age 15 Months – 30 Months

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.

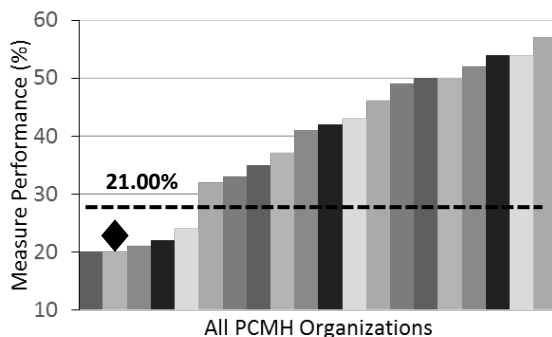
Threshold: $\geq 71.00\%$



Immunizations for Adolescents - Combination 2:

The % of adolescents 13 years of age, who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the HPV vaccine series by their 13th birthday.

Threshold: $\geq 26.00\%$



Follow this order of measures and sub-measures

Appendix: Quality and Efficiency measures for reporting only (1/4)

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



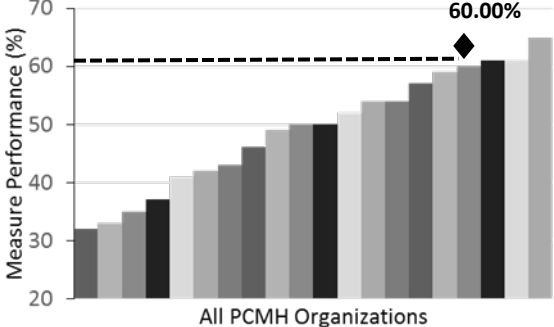
Measure	Short Description	Your Performance	National Benchmark
<p>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis, Ages 18 – 64 Years:</p> <p>Use Quality Compass IndicatorKey: 210001_10</p>	<p>The % of episodes for members 18–64 years of age with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.</p>	<p>3.20%</p> <p>All PCMH Organizations</p>	<p>5.0%</p>
<p>Appropriate Treatment for Upper Respiratory Infection, Ages 3 Months – 17 Years:</p> <p>Use Quality Compass IndicatorKey: 210070_10</p>	<p>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.</p>	<p>60.00%</p> <p>All PCMH Organizations</p>	<p>58%</p>
<p>Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy:</p> <p>Use Quality Compass IndicatorKey: 202451_20</p>	<p>The % of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical ASCVD who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</p>	<p>60.00%</p> <p>All PCMH Organizations</p>	<p>60%</p>
<p>Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%:</p> <p>Use Quality Compass IndicatorKey: 202454_20</p>	<p>The % of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical ASCVD and remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</p>	<p>60.00%</p> <p>All PCMH Organizations</p>	<p>56%</p>

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.

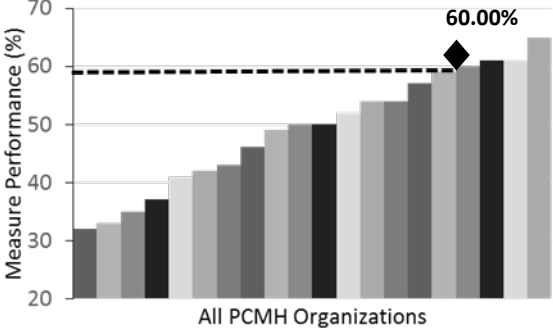
Appendix: Quality and Efficiency measures for reporting only (2/4)

Quality and efficiency measure comparison with all PCMH organizations

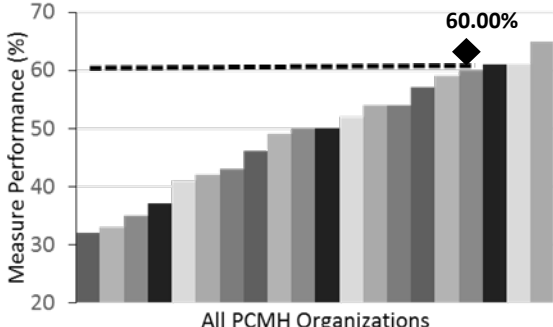
Follow this order of measures

Measure	Short Description	Your Performance 	National Benchmark 
Hemoglobin A1c Control for Patients with Diabetes: HbA1c poor control (>9.0%)	<i>The % of members 18 - 75 years of age with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was greater than 9.0% during the measurement year.</i>		60.00%

Use Quality Compass IndicatorKey: 200711_20

<u>Cervical Cancer Screening:</u>	<i>The % of women 21–64 years of age who were screened for cervical cancer.</i>		60.00%
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Use Quality Compass IndicatorKey: 200701_20

<u>Breast Cancer Screening:</u>	<i>The % of women 50–74 years of age who had a mammogram to screen for breast cancer.</i>		60.00%
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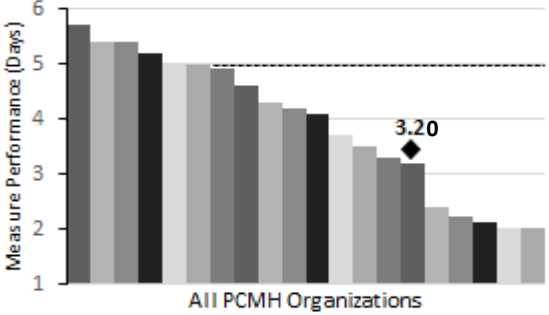
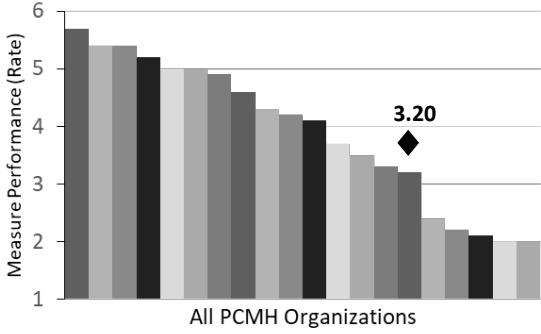
Use Quality Compass IndicatorKey: 200694_20

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.

Appendix: Quality and Efficiency measures for reporting only (3/4)

Quality and efficiency measure comparison with all PCMH organizations

Follow this order of measures

Measure	Short Description	Your Performance 	National Benchmark 
<p><u>Inpatient Average Length of Stay:</u></p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>Use Quality Compass IndicatorKey: 201814_20</p> </div>	<p><i>The inpatient average length of stay for all patients, excluding newborns.</i></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>		

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.

Appendix: Quality and Efficiency measures for reporting only (4/4)

Quality and Efficiency measure comparison with all PCMH organizations

Follow this order of measures

Measure	Short Description	Your Performance	National Benchmark
<p><u>Avoidable ED Visits (Ambulatory sensitive):</u></p>	<p><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></p>		

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.

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.