TO: OHIC PCMH Measures Work Group

FROM: Bailit Health on behalf of OHIC

DATE: April 6, 2021

RE: Proposed Revisions to the 2020-2021 PCMH Measure Set Benchmarks

**I. Introduction**

OHIC communicated the final benchmarks and methodology for assessing practice performance against the PCMH Measure Set for the 2020-2021 performance year in a December 22, 2020 memo to the PCMH Measures Work Group. In that memo, OHIC noted that it would revisit whether any changes needed to be made to the methodology after reviewing the effects of COVID-19 on health care utilization in early 2021. Having completed this analysis, OHIC is proposing revisions to the benchmarks for the 2020-2021 performance period in advance of the April 22, 2021 Work Group meeting.

**II. Proposed Revisions to the 2020-2021 PCMH Measure Set Benchmarks**

OHIC proposes the following changes to the 2020-2021 PCMH Measure Set Benchmarks:

1. **Update the data source for all benchmarks from Quality Compass 2019 to Quality Compass 2020**. This ensures that OHIC is using the most current data available.
2. **Adopt the national Medicaid 50th percentile value as the benchmark for Lead Screening in Children**. As a reminder, the RI Department of Health (RIDOH) provides OHIC with practice-specific data on this measure from KIDSNET, with pediatric and dual specialty practice approval. RIDOH was unable to provide 2019-2020 performance data for this measure until March 2021 due to COVID-19-related delays. Having now received the lead screening data, OHIC is able to propose the national Medicaid 50th percentile as the 2020-2021 benchmark. If the benchmark is set at this level, OHIC anticipates that at least 58 percent of practices will meet the benchmark.[[1]](#footnote-2) Of note, OHIC has never selected a benchmark source below the national 50th percentile because it is not reflective of high performance.
3. **Revise the benchmarks for Child and Adolescent Well-Care Visits to not adjust for the change in data collection methods**. NCQA revised its Adolescent Well-Care Visits measure in 2020 to include visits for children (i.e., ages 3-11) and to revise the data collection methodology to use only administrative data rather than administrative or hybrid data. OHIC initially adjusted the benchmark down nine percentage points to account for this change in data collection methodology.[[2]](#footnote-3) OHIC is removing this adjustment because a) this methodology change does not apply to provider-level reporting and b) data from Quality Compass 2020 used to set the 2020-2021 benchmark also uses hybrid data. OHIC will need to revisit its benchmark-setting approach for this measure for the 2021-2022 performance period because Quality Compass will use administrative data. Further, data for this measure may not be available in Quality Compass 2021. NCQA anticipated that there would be a break in trending for this measure beginning in 2020 due to significant changes and stated that the measure is not comparable to its parent indicators, including Adolescent Well-Care Visits.[[3]](#footnote-4) As a result, NCQA may wait a few years before publishing data on this measure.
4. **Adjust all benchmarks to account for the impact of COVID-19 on performance**. OHIC assessed the difference in median rates for the 2018-2019 performance period and the 2019-2020 performance period, the latter of which was impacted by COVID-19. It then calculated an adjuster for each measure, i.e., half the difference between the median rates for the two performance periods, based on the expectation that the 2020-2021 performance period will be better than the 2019-2020 performance period. Because there is no 2018-2019 performance period data for Lead Screening in Children, OHIC calculated a weighted average rate for the three measures for pediatric practices for which it did have data (i.e., Adolescent Well-Care Visits, Developmental Screening in the First Three Years of Life and Weight Assessment and Counseling for Children and Adolescents) to apply to this measure. Table 1 includes the median rates and adjusters for each measure. OHIC then applied the adjusters to the previously determined benchmark sources to obtain the new proposed targets, found in Table 2 below.[[4]](#footnote-5)

**Table 1: Adjusters for the 2020-2021 Performance Period**

| **Measure** | **2018 – 2019 Median Rate** | **2019 – 2020 Median Rate** | **Adjuster (½ Difference in Median Rates)** |
| --- | --- | --- | --- |
| **Measures for Adult Practices** | | | |
| Colorectal Cancer Screening | 70% | 67% | -1.5% |
| Comprehensive Diabetes Care: Eye Exam | 38% | 37% | -0.5% |
| Comprehensive Diabetes Care: HbA1c Control (<8) | 67% | 63% | -2.0% |
| **Measures for Pediatric Practices** | | | |
| Child and Adolescent Well-Care Visits (adolescent age ranges only) | 81% | 75% | -3.0% |
| Developmental Screening in the First Three Years of Life | 79% | 75% | -2.0% |
| Weighted Average Rate of all Measures for Pediatric Practices (for Lead Screening in Children) | 83% | 77% | -3.1% |

**Table 2: Revised High-Performance Benchmarks for the 2020-2021 Performance Period**

| **Measure** | **2021 Benchmark** | **Benchmark Source[[5]](#footnote-6)** |
| --- | --- | --- |
| **Measures for Adult Practices** | | |
| Colorectal Cancer Screening | Commercial: 59.70%  Medicaid: 47.46% | *Commercial*: National commercial 50th percentile  *Medicaid*: 80% of the commercial value |
| Comprehensive Diabetes Care: Eye Exam | 49.39% | National commercial 50th percentile |
| Comprehensive Diabetes Care: HbA1c Control (<8) | Commercial: 62.96%  Medicaid: 56.64% | *Commercial*: National commercial 90th percentile  *Medicaid*: National commercial 66th percentile |
| **Measures for Pediatric Practices** | | |
| Child and Adolescent Well-Care Visits (adolescent age ranges only) | Commercial: 75.10%  Medicaid: 53.66% | *Commercial*: New England commercial 90th percentile  *Medicaid*: National commercial 75th percentile |
| Developmental Screening in the First Three Years of Life | 67.98% | 2018 performance year benchmark (i.e., 25th RI percentile from 10/1/2016 – 9/30/2017) |
| Lead Screening in Children | 69.96% | National Medicaid 50th percentile |

OHIC is not proposing any changes to the overall methodology. As a reminder, the final methodology for the 2020-2021 performance year is as follows:

1. practices must meet a high-performance benchmark as summarized in Table 2 above ***or***
2. practice performance for the 2020-2021 performance period must be higher than the 2018-2019 performance period.

**IV. Next Steps**

OHIC is convening the PCMH Measures Work Group on April 22, 2021 from 9-10 a.m. Work Group members should be prepared to provide any feedback on these proposed benchmarks during that meeting.

We hope you find this memo to be helpful and look forward to discussing its contents with you on the 22nd.

**Appendix: Original High-Performance Benchmarks for the 2020-2021 Performance Period**

| **Measure** | **2021 Benchmark** | **Benchmark Source[[6]](#footnote-7)** |
| --- | --- | --- |
| **Measures for Adult Practices** | | |
| Colorectal Cancer Screening | Commercial: 60.83%  Medicaid: 48.66% | *Commercial*: National commercial 50th percentile  *Medicaid*: 80% of the commercial value |
| Comprehensive Diabetes Care: Eye Exam | 49.39% | National commercial 50th percentile |
| Comprehensive Diabetes Care: HbA1c Control (<8) | Commercial: 64.96%  Medicaid: 59.37% | *Commercial*: National commercial 90th percentile  *Medicaid*: National commercial 66th percentile |
| **Measures for Pediatric Practices** | | |
| Child and Adolescent Well-Care Visits (adolescent age ranges only) | Commercial: 67.15%  Medicaid: 45.79% | *Commercial*: New England commercial 90th percentile  *Medicaid*: National commercial 75th percentile  *(both adjusted down nine percentage points)* |
| Developmental Screening in the First Three Years of Life | 69.98% | 2018 performance year benchmark (i.e., 25th RI percentile from 10/1/2016 – 9/30/2017) |
| Lead Screening in Children | TBD after OHIC obtains data from RIDOH | TBD after OHIC obtains data from RIDOH |

1. The actual percentage of practices that will meet the benchmark will likely be higher than 58 percent due to the adjustment described in proposal four below. [↑](#footnote-ref-2)
2. The nine percentage point change was derived using data from EOHHS. [↑](#footnote-ref-3)
3. NCQA. “HEDIS MY 2020 Measure Trending Determinations.” February 2021. <https://www.ncqa.org/wp-content/uploads/2021/02/20210226_HEDIS_MY_2020_Measure_Review_Memo.pdf>. Accessed April 1, 2021. [↑](#footnote-ref-4)
4. This methodology is consistent with what EOHHS is using to assess performance for the AE Quality Program for 2021, as of April 1, 2021. [↑](#footnote-ref-5)
5. HEDIS national and New England data are from Quality Compass 2020 (CY 2019 or CY 2018). For measures that use administrative data only, data are for CY 2019. For measures that use hybrid data, plans were permitted to submit CY 2018 data if it was better than CY 2019 data because plans were limited in their ability to perform medical record reviews due to COVID-19 travel restrictions. NCQA indicated that many plans chose to report CY 2018 data. All benchmarks were modified to account for the impact of COVID-19 on performance using an “adjuster” or half the difference between the median rates for the 2018-2019 and 2019-2020 performance periods, based on the expectation that the 2020-2021 performance period will be better than the 2019-2020 performance period. [↑](#footnote-ref-6)
6. HEDIS national and New England data are from Quality Compass 2019 (CY 2018). [↑](#footnote-ref-7)