

# Medicaid quality metrics and spend thresholds for performance period 1, CY2019 – Congestive heart failure exacerbation

Quality metrics thresholds		Spend thresholds <sup>1</sup>			
Quality metric	Threshold	Acceptable	Commendable	Positive incentive limit	
QM1: Follow-up care rate (within 30 days)	≥ 50%	Value, \$	\$4,066	\$1,720	\$115
QM2: Beta blocker prescription	≥ 50%	'All Medicaid' percentile	90 <sup>th</sup> percentile	13 <sup>th</sup> percentile	N/A
QM3: ACE inhibitor prescription	≥ 26%				

<sup>1</sup> Spend thresholds for performance year 2019 are set based on CY2017 Ohio Medicaid claims data and adjusted for medical cost inflation

# All Medicaid PAP curve (used to set thresholds) – Congestive heart failure exacerbation

## Provider risk-adjusted cost distribution

PAP average episode cost

X # of High-volume PAPs by incentive status  Low volume  High volume<sup>1</sup>

### 'All Medicaid' summary statistics

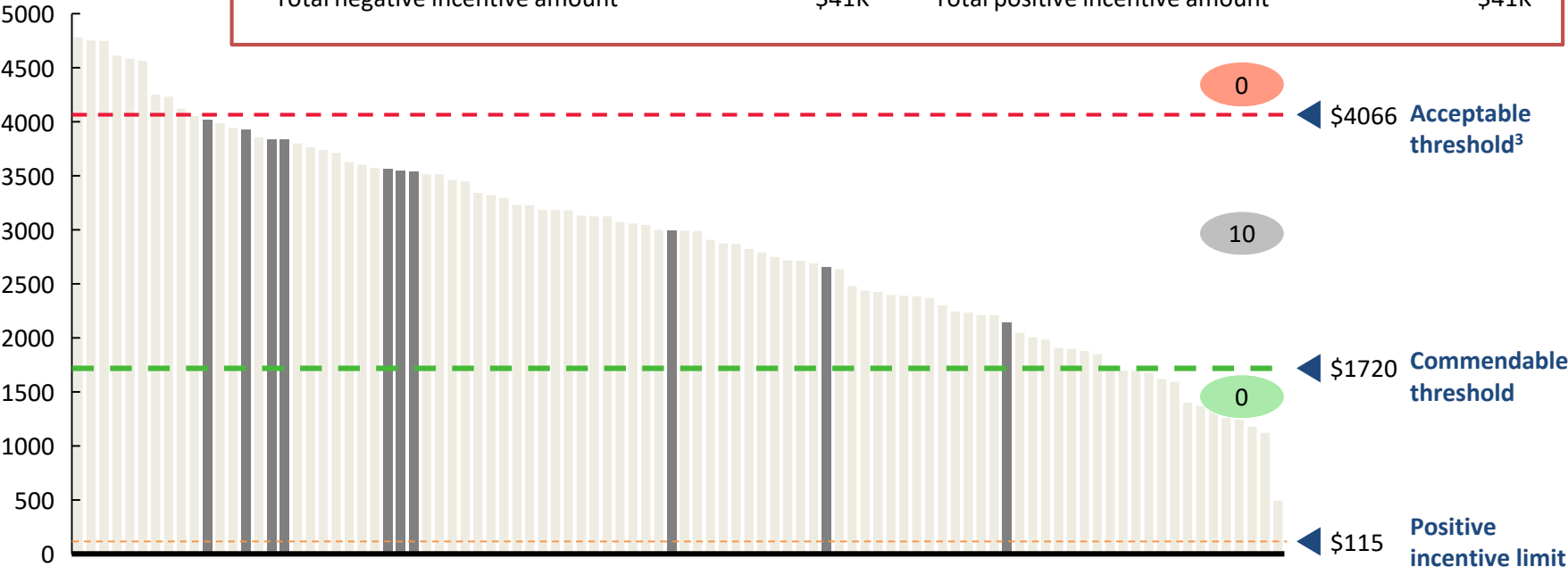
#### Negative incentive payments

- Providers above acceptable threshold 9
- Episodes attributed to negative incentive providers 125
- Total negative incentive amount \$41K

#### Positive incentive payments<sup>2</sup>

- Providers below commendable threshold 13
- Episodes attributed to positive incentive providers 166
- Total positive incentive amount \$41K

Adj. avg cost/episode \$



1 Top 10% of providers by volume 2 Assumes all providers pass quality metrics tied to gain sharing

3 All thresholds and incentive limit have been adjusted for medical cost inflation