

**The Ohio Department of Medicaid's
Methods for the Retrospective Adjustment of
Quality and P4P Measure Standards
SFY 2018**

Provider Agreement Effective through Contract Period ending June 30, 2018

Issued: September 2017

Introduction

ODM uses a uniform methodology, as needed, for the retrospective adjustment of any Minimum Performance Standard in Appendix M (except for the CAHPS measure standards), and any P4P Incentive Standard listed in Appendix O (except for the Care Management measure standards). This methodology will be implemented at ODM's sole discretion as established in Appendix M and Appendix O of the provider agreement. If ODM determines that a retrospective adjustment to a quality or P4P performance measure standard is appropriate, ODM will apply the following methodology to adjust the standard.

Adjustment Methodology

ODM will calculate the statewide average result using administrative encounter data and any other data sources required for the calculation of the performance measure (e.g., vital statistics data) using two sets of methodologies to calculate statewide average results for the year on which the original performance standards were developed (e.g., for the SFY 2016 provider agreement, performance standards for HEDIS measures were based on HEDIS 2014 [CY 2013] results). The *Standard Setting Year's Statewide Average Result* will be calculated using the methodology of the standard setting year (e.g., for the SFY 2016 provider agreement, HEDIS results referenced when setting performance standards were calculated per *HEDIS 2014 Volume 2: Technical Specifications for Health Plans*). The *Current Measurement Year's Statewide Average Result* will be calculated using the methodology of the current measurement year (e.g., for the SFY 2016 provider agreement, HEDIS measurement results used for performance evaluation will be calculated per *HEDIS 2016 Volume 2: Technical Specifications for Health Plans*). ODM will derive an adjustment factor (ratio): $\text{Current Measurement Year's Statewide Average Result} / \text{Standard Setting Year's Statewide Average Result}$. For performance standards in Appendix M, the Minimum Performance Standard will be adjusted by multiplying the original Minimum Performance Standard by the adjustment factor. For performance standards in Appendix O, the NCQA HEDIS Medicaid benchmarks (e.g., 25th percentile, 50th percentile, 75th percentile) originally used for setting the P4P Clinical Performance Measure Standards will be multiplied by the adjustment factor. The P4P Clinical Performance Measure Standards (i.e., standards set for levels one through ten) will be recalculated based on these adjusted benchmarks. Please note that adjustments for performance standards may be for either HEDIS or non-HEDIS performance measures.

The only exception to this methodology applies to measures for which the retrospective adjustment is made due to an increase in results and the adjusted NCQA Medicaid HEDIS benchmark is greater than 100%. In this case, the maximum P4P Bonus Standard will be 100%.

Example 1 illustrates an adjustment for a Minimum Performance Standard for a HEDIS performance measure in Appendix M. Please note that this example does not pertain to a real HEDIS measure.

Example 1: Quality Performance Measure A

Statewide Average Result: CY 2013 Rate Using HEDIS 2016 Methods	Statewide Average Result: CY 2013 Rate Using HEDIS 2014 Methods	Adjustment Factor: CY 2013 Overall Statewide Average Result Using HEDIS 2016 Methodology/CY 2013 Overall Statewide Average Result Using HEDIS 2014 Methodology
90.0%	80.0%	112.5%

SFY 2016 Minimum Performance Standard	Adjustment Factor	Adjusted SFY 2016 Minimum Performance Standard
85%	112.5%	95.6

Example 2 illustrates an adjustment for the P4P Clinical Performance Measure Standard for a HEDIS performance measure in Appendix O. Please note that this example does not pertain to a real HEDIS measure.

Example 2: Clinical Performance Measure B

Statewide Average Result: CY 2013 Rate Using HEDIS 2016 Methods	Statewide Average Result: CY 2013 Rate Using HEDIS 2014 Methods	Adjustment Factor: CY 2013 Statewide Average Result Using HEDIS 2016 Methodology/CY 2013 Statewide Average Result Using HEDIS 2014 Methodology
70.0%	80.0%	87.5%

<i>NCQA's Audit, Means, and Percentiles HEDIS 2014 Medicaid Benchmarks</i>				
P10	P25	P50	P75	P90
82.3%	84.5%	86.4%	90.2%	92.1%
<i>ODM' Adjusted NCQA's Audit, Means, and Percentiles HEDIS 2014 Medicaid Benchmarks</i>				
P10	P25	P50	P75	P90
NA	73.9%	75.6%	78.9%	NA

P4P Performance Level	Percent Bonus Awarded	Adjusted P4P Performance Standard
10 (75 th %ile adjusted)	100%	78.9%
9	87%	78.2%
8	74%	77.6%
7	61%	76.9%
6	50%	76.3%
5 (50 th %ile adjusted)	39%	75.6%
4	28%	75.3%
3	19%	74.9%
2	11%	74.6%
1	4%	74.2%
	0%	≤ 74.1%
MPS (25 th %ile adjusted)		73.9%

Example 3 illustrates an adjustment for the P4P Clinical Performance Measure Standard for a HEDIS performance measure in Appendix O for which the adjusted NCQA Medicaid HEDIS benchmark is greater than 100%. Please note that this example does not pertain to a real HEDIS measure.

Example 3: Clinical Performance Measure C

Statewide Average Result: CY 2013 Rate Using HEDIS 2016 Methods	Statewide Average Result: CY 2013 Rate Using HEDIS 2014 Methods	Adjustment Factor: CY 2013 Statewide Average Result Using HEDIS 2016 Methodology/CY 2013 Statewide Average Result Using HEDIS 2014 Methodology
90.0%	80.0%	112.5%

<i>NCQA's Audit, Means, and Percentiles HEDIS 2014 Medicaid Benchmarks</i>				
P10	P25	P50	P75	P90
82.3%	84.5%	86.4%	90.2%	92.1%
<i>ODM' Adjusted NCQA's Audit, Means, and Percentiles HEDIS 2014 Medicaid Benchmarks</i>				
P10	P25	P50	P75	P90
NA	95.1%	97.2	100.0%	NA

P4P Performance Level	Percent Bonus Awarded	Adjusted P4P Performance Standard
10 (75th %ile adjusted)	100%	100.0%
9	87%	99.4%
8	74%	98.9%
7	61%	98.3%
6	50%	97.8%
5 (50th %ile adjusted)	39%	97.2%
4	28%	96.8%
3	19%	96.4%
2	11%	95.9%
1	4%	95.5%
	0%	≤95.4%
MPS (25th %ile adjusted)		95.1%