



## Measure Alignment Work Group ACO Measure Set & Wrap-Up Meeting Summary

September 12, 2022, 10:00 A.M. to 12:30 P.M.

### Summary of Recommendations:

- The Work Group recommended moving the CAHPS Surveys (specifically ACO CAHPS, CG-CAHPS, HCAHPS, MIPS CAHPS and/or PCMH CAHPS) to the ACO Developmental Set.
- The Work Group recommended elevating *Chlamydia Screening* to the ACO Core Set.
- The Work Group recommended specifying both the 7-day and 30-day rates for *Follow-up After Emergency Department Visit for Mental Illness*.
- The Work Group recommended removing *Use of Imaging Studies for Low Back Pain* from the ACO Measure Set.
- The Work Group recommended removing *Concurrent Use of Opioids and Benzodiazepines* from the ACO Measure Set.
- The Work Group recommended removing *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions* from the ACO Measure Set.
- The Work Group recommended elevating *Social Determinants of Health Screening* to the ACO Menu Set.
- The Work Group recommended removing *Substance Use Assessment in Primary Care* from the ACO Measure Set.
- The Work Group recommended adding *Prenatal and Postpartum Care* to the ACO Developmental Set and then revisit whether to stratify the measure for MY 2024 when NCQA publishes stratified performance.
- The Work Group recommended specifying its support of *Patient Engagement* as a Medicaid-only measure in ACO/AE contracts.

### Summary of Next Steps:

- During the 2023 Annual Review, the Work Group will consider whether to align the stratified measures in the ACO Health Equity Measure with NCQA's stratified measures.

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- Prior to the 2023 Annual Review, Bailit Health will research new outpatient substance use treatment measures. During the 2023 Annual Review, the Work Group will discuss *Initiation and Engagement of Substance Use Treatment* and whether it should be removed from the ACO Measure Set.
- Prior to the 2023 Annual Review, OHIC will convene a work group to discuss obtaining prescription fill information for *Statin Therapy for Patients with Cardiovascular Disease*. During the 2023 Annual Review the Work Group will reconsider the measure for both the Primary Care and ACO Measure Sets.
- Prior to the 2023 Annual Review, OHIC will modify the denominator of *Social Determinants of Health Screening* for use in the Outpatient Behavioral Health Measure Set, with the intention that the measure will be elevated to the Menu Set.

### **Meeting Notes:**

#### **1. Summary of Recommendations from August 29<sup>th</sup> Meeting**

- a. Michael Bailit summarized recommendations made by the Work Group during the August 29<sup>th</sup> meeting regarding the Primary Care Measure Set.

#### **2. Review ACO Measure Set Measures**

- a. Michael Bailit reminded the Work Group of the 30 measures included in the 2022 ACO Aligned Measure Set (eight core, 13 menu, nine developmental).
- b. Michael summarized the equity review and opportunity-for-improvement review that Bailit Health conducted for each measure. He shared that Bailit Health also researched measure status and specification changes and surveyed RI insurers to identify which measures they were using in contracts.
- c. Michael reminded the Work Group that the ACO Measure Set measures had mostly been discussed during prior meetings in the context of the other Aligned Measure Sets, so the Work Group should consider whether the same recommendations should apply to the ACO Measure Set.

#### **d. Discussion:**

- i. Garry Bliss asked whether there were any reporting-only measures in the Aligned Measure Sets. Michael said although EOHHS has reporting-only measures in its AE Common Measure Slate, there were not any reporting-only measures in OHIC's Aligned Measure Sets.
  - ii. Sheila Newquist asked whether Menu Measures were allowed to be reporting-only. Michael confirmed, after checking the October 27, 2021 OHIC Interpretive Guidance on the Aligned Measure Sets, that it was unacceptable for insurers to use Core or Menu measure as reporting-only measures.
  - iii. Cory King requested that insurers review the Interpretive Guidance following the meeting, adding that OHIC may modify the guidance in the future.
  - iv. **Post-Meeting Follow-Up:** Following the meeting, Bailit Health confirmed that OHIC's Aligned Measure Set Interpretive Guidance from September 29, 2020 changed to specify that both Core and Menu Measures may not be used as reporting-only measures.
- e. **Discuss Measures with Significant Specification Changes and "Topped Out" Measures**

- i. Michael Bailit said there were no ACO measures that had major status or specification changes and there were seven ACO measures that met the OHIC “topped out” definition, five of which were Core Measures.



Measure Name	Recommendation	Discussion
Colorectal Cancer Screening <i>(Core)</i>	Retain	<p>Michael said the Work Group recommended retaining the measure in the Primary Care Measure Set.</p> <p>Andrea Galgay supported retaining the measure because she said there was a dramatic opportunity to reduce disparities and non-FQHCs had only recently started stratifying the measure.</p> <p>Michael noted that there would be disparities for every measure and questioned whether the Work Group should focus on reducing inequities observed rather than total performance rate.</p> <p>The Work Group recommended retaining the measure.</p>
Controlling High Blood Pressure <i>(Core)</i>	Retain	<p>Michael said the Work Group recommended retaining the measure in the Primary Care Measure Set.</p> <p>The Work Group recommended retaining the measure without discussion.</p>
Developmental Screening in the First Three Years of Life <i>(Core)</i>	Retain	<p>Michael said the Work Group recommended retaining the measure in the Primary Care Measure Set.</p> <p>The Work Group recommended retaining the measure without discussion.</p>

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Eye Exam for Patients with Diabetes (Core)	Retain	Michael said the Work Group recommended retaining the measure in the Primary Care Measure Set.  The Work Group recommended retaining the measure without discussion.
Follow-up After Hospitalization for Mental Illness (7-day) (Core)	Retain	Michael said the Work Group recommended retaining the measure in the Primary Care, Acute Care Hospital and Outpatient Behavioral Health – Mental Health Measure Sets.  The Work Group recommended retaining the measure without discussion.
Cervical Cancer Screening (Menu)	Retain	Michael said the Work Group recommended retaining the measure in the Primary Care Measure Set.  The Work Group recommended retaining the measure without discussion.
Immunizations for Adolescents (Combo 2) (Menu)	Retain	Michael said the Work Group recommended retaining the measure in the Primary Care Measure Set.  The Work Group recommended retaining the measure without discussion.

**f. Review of Remaining Measures**

<b>Measure Name</b>	<b>Recommendation</b>	<b>Discussion</b>
Breast Cancer Screening (Core)	Retain	Michael said the Work Group recommended retaining the measure in the Primary Care Measure Set.  The Work Group recommended retaining the measure without discussion.
Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%) (Core)	Retain	Michael said the Work Group recommended retaining the measure in the Primary Care Measure Set.  The Work Group recommended retaining the measure without discussion.
CAHPS Surveys (specifically ACO CAHPS, CG-CAHPS, HCAHPS,	Move to Developmental Set	Michael said the Work Group recommended moving the measure to the Primary Care Developmental Set.

MIPS CAHPS and/or PCMH CAHPS)		The Work Group recommended moving to the Developmental Set without discussion.
Chlamydia Screening (Menu)	Move to Core	<p>Michael said the Work Group recommended moving the measure to the Primary Care Core Set.</p> <p>Several Work Group members noted that identifying sexual activity for the younger population was difficult because it required parental consent.</p> <p>Pat Flanagan noted that chlamydia rates in RI had increased by 64%.</p> <p>The Work Group ultimately decided that although screening was difficult to implement because of challenges associated with screening the younger population it was an important measure to work on given RI's chlamydia rates and disparities.</p>
Follow-up After Emergency Department Visit for Mental Illness (Menu)	Retain and allow both 7-day and 30-day rates.	<p>Michael said the Work Group recommended specifying both the 7-day or 30-day rate for the Acute Care Hospital Measure Set.</p> <p>The Work Group recommended retaining and allowing both the 7-day or 30-day rates for the ACO Measure Set.</p>
Follow-Up After Emergency Department Visit for Substance Use (Menu)	Retain	<p>Michael said the Work Group recommended retaining this measure in the Acute Care Hospital Measure Set.</p> <p>Garry Bliss said he did not think the measure belonged in the ACO Measure Set because non-hospital providers could not deliver on the measure because of information challenges. Garry said the measure was more appropriate for the Acute Care Hospital Measure Set.</p> <p>Deb Reakes from Coastal agreed with Garry and said Coastal was not notified about ED visits unless they had a psychiatry prescriber within their ACO/AE.</p> <p>Jay Buchner said RIQI data included visits for all diagnoses, including substance use, and said the measure was appropriate for the ACO Measure Set because of the importance of care coordination. Garry Bliss noted that RIQI's data were incomplete.</p>

		<p>J Gates said any mature ACO should be managing this measure to the best of its ability, but that hospitals had the most agency to improve performance.</p> <p>Charlie Estabrook asked the Work Group whether anyone supported moving the measure to the Acute Care Hospital Core Measure Set with the intention of improving information sharing. No Work Group members spoke in support of moving the measure to the Acute Care Hospital Core Set because of denominator inadequacy.</p> <p>David Harriman supported retaining the measure in the Menu Set to allow providers to keep working on it.</p>
ACO Health Equity Measure (Menu)	Retain	<p>Sheila Newquist noted that NCQA was not stratifying <i>Developmental Screening in the First Three Years of Life</i> or <i>Eye Exam for Patients with Diabetes</i>.</p> <p>Andrea Galgay asked whether a plan could stratify two out of the four measures. Michael said no, all four measures should be stratified.</p> <p><b>Next Step:</b> During the 2023 Annual Review, the Work Group will consider whether to align the stratified measures in the ACO Health Equity Measure with NCQA's stratified measures.</p>
Hospital-wide Readmit (Menu)	Retain	<p>Jay Buechner recommended considering replacing this measure with NCQA's <i>Plan All-Cause Readmission</i>. Michael noted that <i>Plan All-Cause Readmission</i> was already in the ACO Menu Set.</p> <p>Stephanie De Abreu suggested removing the measure from the ACO Measure Set because hospitals have more control over the measure. Michael clarified that ACOs are responsible for the full scope of care for their patients, including hospital care.</p> <p>Garry Bliss said his logic for <i>Follow-Up After Emergency Department Visit for Substance Use</i> did not apply to <i>Hospital-Wide Readmit</i> because there was adequate information available to address hospital readmissions.</p>

		<p>Michael suggested removing either <i>Hospital-Wide Readmit</i> or <i>Plan All-Cause Readmission</i> from the ACO Measure Set</p> <p>Sheila Newquist supported retaining <i>Hospital-Wide Readmit</i> because <i>Plan All-Cause Readmission</i> was difficult to attribute to hospitals because it was an expected-over-observed ratio and because BCBSRI relied on the CMS measure as a proxy.</p> <p>The Work Group recommended retaining this measure in the ACO Menu Set.</p>
<p>Initiation and Engagement of Substance Use Treatment <i>(Menu)</i></p>	<p>Retain</p>	<p>Michael reminded the Work Group that it recommended dropping this measure and the entirety of the Outpatient Behavioral Health Substance Use Treatment Measure Set.</p> <p>Jay Buechner recommended retaining the measure because it was in use in NHPRI's Medicare contracts. Michael said a measure's use in other contracts was a consideration but was not the only criterion for retaining or removing measures.</p> <p>Sheila Newquist said there were significant MY 2022 specification changes to this measure so BCBSRI was monitoring its performance.</p> <p>Andrea Galgay asked whether the measure should be moved to the ACO Developmental Set. Michael noted that the measure's issues went beyond implementation and were primarily related to validity. Michael reminded the Work Group that that MA Measure Alignment Taskforce convened a Substance Use Treatment Work Group in 2021 and the clinicians universally disliked this measure because of validity concerns.</p> <p>Deb Reakes noted that no payers were using the measure.</p> <p>Stephanie De Abreu and Jordan White suggested keeping the topic of outpatient substance use treatment measures on the agenda for the next annual review to determine if there were any new measures that could replace <i>Initiation and Engagement of Substance Use Treatment</i>.</p>



		<b>Next Step:</b> Prior to the 2023 Annual Review, Bailit Health will research new outpatient substance use treatment measures. During the 2023 Annual Review, the Work Group will discuss <i>Initiation and Engagement of Substance Use Treatment</i> and whether it should be removed from the ACO Measure Set.
Kidney Health Evaluation for Patients with Diabetes	Retain	The Work Group recommended retaining the measure without discussion.
Lead Screening in Children (Menu)	Retain	<p>Andrea Galgay noted that the measure was in the Primary Care Core Set and wondered whether the measure should be in the ACO Core Set. Michael noted that there were already nine Core Measures in the ACO Measure Set.</p> <p>Victor Pinkes noted that the more measures were in the ACO Core Set, the less money would be available for each measure.</p> <p>Cory King wondered whether this measure should replace one of the topped out ACO Core Measures.</p> <p>The Work Group ultimately recommended retaining the measure in the Menu Set.</p>
Plan (ACO) All-Cause Readmission (Menu)	Retain	<p>Garry Bliss noted that this was an outcome measure for AE program.</p> <p>Andrea Galgay, Jay Buchner and J Gates supported moving the measure to the Core Set because it was a health care cost driver.</p> <p>Pat Flanagan said ACOs were already focusing on the measure in order to generate cost savings, so it did not need to be in the Core Set to have a strong financial incentive.</p> <p>The Work Group ultimately recommended retaining the measure in the Menu Set because there was not enough enthusiasm for moving it to the Core Set.</p>
Use of Imaging Studies for Low Back Pain (Menu)	Remove	Deb Reakes, Garry Bliss, and David Harriman supported removing the measure because it was challenging to implement.

Concurrent Use of Opioids and Benzodiazepines <i>(Developmental)</i>	Remove	Michael Bailit reminded the Work Group that it previously recommended removing the measure from the Aligned Measure Sets due to denominator size inadequacy.  The Work Group recommended removing the measure without discussion.
Depression Remission or Response for Adolescents and Adults <i>(Developmental)</i>	Retain	Michael said BCBSRI was making progress towards implementing the measure and the Work Group had recommended retaining in the Primary Care Measure Set.  The Work Group recommended retaining the measure without discussion.
Depression Screening and Follow-up for Adolescents and Adults <i>(Developmental)</i>	Retain	Michael said BCBSRI was making progress towards implementing the measure and the Work Group had recommended retaining in the Primary Care Measure Set.  The Work Group recommended retaining the measure without discussion.
Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions <i>(Developmental)</i>	Remove	Michael reminded the Work Group that it previously recommended removing the measure from the Primary Care Measure Set because it was a Medicare measure.  The Work Group recommended removing the measure without discussion.
Social Determinants of Health Screening <i>(Developmental)</i>	Move to Menu	Michael reminded the Work Group that it previously recommended moving the measure to the Primary Care Menu Set.  The Work Group recommended moving the measure to the Menu Set without discussion.
Statin Therapy for Patients with Cardiovascular Disease <i>(Developmental)</i>	Retain	Michael said the Work Group previously recommended removing the measure from the Primary Care Measure Set because it was susceptible to gaming.  J Gates said he did not think gaming was an issue with this measure.  The Work Group discussed challenges with obtaining prescription fill information for this measure.  David Harriman supported retaining the measure so providers could continue to work on determining where to obtain real time prescription fill information.

		<p>The Work Group ultimately recommended retaining the measure because of its clinical importance.</p> <p><b>Next Step:</b> OHIC will convene a work group to discuss obtaining prescription fill information for <i>Statin Therapy for Patients with Cardiovascular Disease</i>. During the 2023 Annual Review the Work Group will reconsider the measure for both the Primary Care and ACO Measure Sets.</p>
Substance Use Assessment in Primary Care <i>(Developmental)</i>	Remove	<p>Michael reminded the Work Group that it previously recommended removing the measure from the Primary Care Measure Set.</p> <p>The Work Group recommended removing the measure without discussion.</p>
Unhealthy Alcohol Use Screening and Follow-Up <i>(Developmental)</i>	Retain	The Work Group recommended retaining the measure without discussion.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults <i>(Developmental)</i>	Retain	The Work Group recommended retaining the measure without discussion.

### 3. Discuss Work Group Proposals

- a. Michael shared that EOHHS wished to propose adding two measures to the ACO Measure Set.

Measure Name	Recommendation	Discussion
Prenatal and Postpartum Care	Add to Developmental Set	<p>Charlie Estabrook said <i>Prenatal and Postpartum Care</i> had high overall performance but when broken down by race/ethnicity there were known disparities.</p> <p>Michael asked Charlie whether EOHHS was proposing stratifying the measure by race/ethnicity. Charlie said EOHHS was interested in stratifying the measure. Michael said stratifying the measure would require new specifications and suggested adding the measure to the Developmental Set.</p> <p>Jay Buechner said NHPRI did not see large disparities by race/ethnicity for this measure.</p> <p><b>Next Step:</b> Jay Buchner will share stratified <i>Prenatal and Postpartum Care</i> performance with EOHHS.</p> <p>Sheila Newquist and J Gates said the measure was difficult for ACOs to control and was more appropriate for OB/GYNs. Michael said the ACO was accountable for the totality of care, including specialty care and maternity care.</p> <p>Garry Bliss said he would consider this measure topped out for Medicaid.</p> <p>Andrea Galgay said OB/GYNs should be held accountable for this measure. Michael pointed out that there was no performance-based contracting for maternity care in RI.</p> <p>Pat Flanagan noted that premature births were costly for ACOs.</p> <p>Sheila Newquist noted that NCQA was stratifying the measure for MY 2022.</p>

		<b>Next Step:</b> Add <i>Prenatal and Postpartum Care</i> to the ACO Developmental Set and then revisit whether to stratify the measure for MY 2024 when NCQA publishes stratified performance.
Patient Engagement	Specify the Work Group's support of Medicaid-only use of the measure in ACO/AE contracts	<p>Sheila Newquist said that this measure would be a challenge for commercial payers because members were attributed to primary care providers based on their most recent primary care visit, automatically satisfying this measure, and commercial payers would be missing data on the individuals for whom the measure was a concern (members who had not seen a primary care provider).</p> <p>Michael suggested specifying that the Work Group supported Medicaid-only use of this measure in ACO/AE contracts. The Work Group agreed.</p>

**4. Draft OHIC Aligned Measure Set Decisions - Measures without Agreement**

- a. Michael Bailit reminded the Work Group that during the 2022 Annual Review process the Work Group has not achieved a significant majority recommendation regarding several quality measures.
- b. Michael presented OHIC's draft decisions on the measures where there was not a clear recommendation from the Work Group.

Measure Name	Applicable Measure Set	Discussion
Antidepressant Medication Management	Outpatient Behavioral Health - Mental Health (Menu)	<p>Michael reminded the Work Group that it did not come to agreement on whether to elevate the measure to the Outpatient Behavioral Health - Mental Health Core Set for MY 2023 or MY 2024.</p> <p>Michael said OHIC's draft decision was inclusion in the MY 2024 Core Set to allow payers and providers time to implement the measure.</p> <p>The Work Group generally supported this decision.</p>
Child and Adolescent Well-Care Visits	ACO (Core); Primary Care (Core)	Michael reminded the Work Group that there was general support among Work Group members for adding the 3-11 years age range to the measure, but not clear support for keeping the measure in or removing the measure from the Core Set.

		<p>Michael said OHIC’s draft decision was to add the 3-11 years age range and retain the measure in the Primary Care and ACO Core Sets because of a lack of Core pediatric measures and because the measure uses administrative data.</p> <p>Andrea Galgay noted that the measure was claims-based so there was not an issue with accessing prior year performance.</p> <p>Sheila Newquist asked whether the new measure would be only the Total rate or would include reporting one each separate age band.</p> <p>Michael said the Aligned Measure Sets would include the Total rate, but OHIC would continue to track performance by age segment and payers could continue to report the age range bands to providers.</p> <p>The Work Group generally supported this decision.</p>
Fluoride Varnish	Primary Care (Menu)	<p>Michael reminded the Work Group that it did not come to agreement on whether to remove the measure, retain the measure in the Menu Set, or elevate the measure to the Core Set in MY 2024 (and move to the Developmental Set in the interim).</p> <p>Michael said OHIC’s draft decision was to move to the Developmental Set for MY 2023 to allow payers and providers to work towards implementation and elevate the measure to the Core Set in MY 2024.</p> <p>The Work Group generally supported this decision.</p>
Follow-Up After Emergency Department Visit for Substance Use	Acute Care Hospital (Menu); ACO (Menu)	<p>Michael reminded the Work Group that it did not come to agreement on whether to specify the 7-day or 30-day rate for this measure.</p> <p>Michael said OHIC’s draft decision was to specify the 7-day rate for this measure, as well as for <i>Follow-up After Emergency Department Visit for Mental Illness</i>, because of greater opportunity for improvement and because short-term follow-up was important for averting avoidable return visits.</p> <p>The Work Group generally supported this decision.</p>

<p>Patient Safety Indicators (PSI-90)</p>	<p>Acute Care Hospital (not included, proposed for addition to the Menu Set by BCBSRI)</p>	<p>Michael reminded the Work Group that it did not come to agreement on whether to add the measure to the Menu Set, as proposed by BCBSRI.</p> <p>Michael said OHIC’s draft decision was to add the measure to the Menu Set because of opportunity for improvement and because CMS’ recently finalized hospital inpatient prospective payment systems (IPPS) rule mitigates some of the concerns raised by Work Group members about the measure.</p> <p>Robin Neale said she was comfortable with adding the measure to the Menu Set but asked that, if ever moved to Core, providers receive real- time feedback from payers because some of the component rates are low volume and volatile. Sheila Newquist said this measure used FFS Medicare data, so she did not think real-time feedback from insurers was possible. Sheila also noted that the measure was already in Medicare’s value-based payment program (although its use was on pause because of COVID-19).</p> <p>The Work Group generally supported this decision.</p>
<p>Severe Sepsis and Shock: Management Bundle (SEP-1)</p>	<p>Acute Care Hospital (Menu)</p>	<p>Michael reminded the Work Group that it recommended retaining the measure in the Acute Care Hospital Set but did not come to agreement on whether to move the measure from the Menu to the Core Set.</p> <p>Michael said OHIC’s draft decision was to elevate the measure to the Core Set because of significant opportunity for improvement and because BCBSRI’s use of the measure with its hospitals suggested low denominators would not be an issue.</p> <p>David Harriman said he did not support moving the measure to the Core Set because of its low denominators.</p> <p>J Gates and Robin Neale noted the challenges with collecting data and improving on the measure but emphasized its importance for cost and quality.</p>

		<p>Sheila Newquist noted that BCBSRI was already using this measure across its contracts and said it should not be a heavy lift for hospitals to make the measure Core.</p> <p>The Work Group did not reach agreement on whether to elevate this measure to the Acute Care Hospital Core Set.</p>
<p>Social Determinants of Health Screening</p>	<p>Outpatient Behavioral Health – Mental Health (Developmental)</p>	<p>Michael reminded the Work Group that it did not come to agreement on whether to retain the measure and modify the denominator to include behavioral health providers or remove the measure.</p> <p>Michael said OHIC’s draft decision was to retain the measure as Developmental for MY 2023 and modify the denominator to include outpatient behavioral health prior to the 2023 Annual Review with the intention that the modified measure would be elevated to the Menu Set for MY 2024.</p> <p>Garry Bliss asked whether the denominator would include both primary care and outpatient behavioral health patients. Michael clarified that it would only be outpatient behavioral health patients.</p> <p>Andrea Galgay asked whether the Work Group should add NCQA’s Social Needs Screening and Intervention measure instead. Michael noted that NCQA’s measure is reported using ECDS only, and this not currently operationally feasible.</p> <p>Jordan White asked whether the EOHHS measure would include an interventions component. Michael said EOHHS intended to move toward adding an interventions component in the future.</p> <p><b>Next Step:</b> Prior to the 2023 Annual Review, OHIC will modify the denominator of the measure for use in the Outpatient Behavioral Health Measure Set, with the intention that the measure will be elevated to the Menu Set.</p>





## 5. Draft OHIC Aligned Measure Set Decisions – Topped Out Measures

- a. Michael said OHIC was considering establishing a Monitoring Set for topped out measures that met the following criteria:
  - i. For HEDIS measures, performance above the 90th percentile and an absolute rate for commercial and Medicaid of 80% (rounded) or higher;
  - ii. For non-HEDIS measures, three or more consecutive years of performance above the national average.
- b. Michael said OHIC would annually track performance for Monitoring Set measures to ensure performance did not decline, report annually on multi-year performance trends, and if performance significantly declined, the Work Group would be invited to reconsider the measures for reintroduction into the Core or Menu Set.
- c. Michael said the two measures that OHIC was considering moving to the Monitoring Set were:
  - i. *Elective Delivery Prior to 39 Completed Weeks Gestation*
  - ii. *Transition Record with Specified Elements Received by Discharged Patients*
- d. **Discussion**
  - i. Andrea Galgay wondered why there was not an absolute threshold for non-HEDIS measures. Michael said it was because non-HEDIS measure performance was not always measured using traditional rates. For example, they often included ratios and risk-adjusted rates.
  - ii. Robin Neale and Jordan White said they were concerned that disparities in performance by provider or by race and ethnicity were not reflected in the proposal.
  - iii. Jay Buechner asked if Monitoring Measure Set measures could be used in contracts. Michael replied that OHIC's proposal was that they could not.
  - iv. Sheila Newquist noted that if *Elective Delivery Prior to 39 Completed Weeks Gestation* were moved to the Monitoring Set, until CMS' new maternity measures were ready for use there would be no measures in the ACO Measure Set for pregnant women and infants.
- e. Michael said that OHIC was also considering that for measures that met the topped out definition that were retained in the Aligned Measure Sets, OHIC would modify the Interpretive Guidance to state that payers should not reward maintenance of prior year performance for more than two topped out measures per year when the provider's rate was at or above the national high performance benchmark.

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**f. Discussion:**

- i. Andrea Galgay said this proposal would make it harder for providers performing well to earn money.
- ii. Deb Reakes asked whether any measures beyond the two topped out measures needed to be dropped from contracts. Michael said measures beyond the two topped out measures would either need to have improvement expectations or be replaced by Menu measures for which there was greater room for improvement relative to national benchmarks.
- iii. Sheila Newquist said she was concerned about how complex the proposal would be for payers to implement. Sheila also asked whether providers' performance would be assessed retrospectively. Michael clarified that payers would use the most recently available performance data, and not assess performance retrospectively.
- iv. Jay Buechner pointed out that providers could be topped out with one payer but not another.
- v. Sheila Newquist questioned whether topped out measures were not already being adequately addressed through the Annual Review process. Michael said the Work Group recommended retaining many topped out measures in the Primary Care and ACO Measure Sets, for which some providers have said they cannot be required to improve.
- vi. Andrea Galgay said she did not think it was fair to remove a provider's access to shared savings payments if they were performing well.
- vii. Deb Reakes said Coastal had been topped out on multiple ACO measures for a while.
- viii. Cory King said any decision on the proposal would need to go through formal rule making.

**6. Public Comment**

- a. Cory King asked for any public comment. There was none.

**7. Next Steps**

- a. Cory King said he would share the Work Group's recommendations with Commissioner Tigie for review and approval.
- b. Cory King said OHIC would share the 2023 OHIC Aligned Measure Sets with the Work Group in early October.