



Tennessee Department of Finance & Administration

Division of TennCare

TennCare III Demonstration

Project No. 11-W-00369/4

Shared Savings Quality Measures Protocol

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TennCare Shared Savings Quality Measures Protocol

The TennCare demonstration provides for a process by which the state and federal government share in savings generated under the demonstration. These shared savings are based in part on state performance on a set of specified quality performance measures. These measures are referred to as the Shared Savings Metric Set. The measures that comprise the Shared Savings Metric Set are identified in this protocol.

I. Shared Savings Metric Set

The state submits the following 10 measures to comprise the Shared Savings Metric Set for the TennCare demonstration. The Shared Savings Metric Set includes measures applicable to all demonstration populations (including measures from the Medicaid Adult, Child, and Maternity Core Sets), measures relevant to both medical/surgical and behavioral health conditions, and measures related to both preventive and acute care.

Table. Shared Savings Metric Set.

Metric	Measure Set
Controlling High Blood Pressure (CBP)	Adult Core Set
Cervical Cancer Screening (CCS)	
Follow-Up After Hospitalization for Mental Illness Ages 18-64, 30-day (FUH)	
Use of Pharmacotherapy for OUD (OUD)	
Follow-Up After Hospitalization for Mental Illness Ages 6-17, 30-day (FUH)	Child Core Set
Childhood Immunization Status, Combo 10 (CIS)	
Child and Adolescent Well-Care Visits (WCV)	
Timeliness of Prenatal Care (PPC)	Maternity
Postpartum Care (PPC)	
Well-Child Visits in the First 30 Months of Life, First 15 Months (W30)	

II. Deviations from National Measure Steward Technical Specifications

The state is not proposing any deviations from the national measure steward technical specifications. If there are significant changes in the final CMS Core Measure specifications in any demonstration year, the state will submit a clarifying document within 60 days of the measure specification release. Definitions for the 10 measures in the Shared Savings Measure Set are attached to this protocol.

III. Calculation of Shared Savings

Shared savings will be calculated according to the special terms and conditions (STCs) of the TennCare demonstration, and based on (1) the extent (if any) to which demonstration expenditures in a given year are less than the aggregate budget neutrality cap for that year, and (2) state performance on the measures in the Shared Savings Metric Set. The calculation of shared savings is illustrated in the figure below.

Figure. Mathematical Representation of Shared Savings

$$\text{State Shared Savings Amount} = \left(\text{DY Aggregate Budget Neutrality Cap} - \text{DY Aggregate Demonstration Expenditures} \right) \times \text{Quality Performance Adjustment}$$

The Quality Performance Adjustment is calculated as follows:

Performance on Shared Savings Metric Set	Quality Performance Adjustment Equal to
Performance on four or more measures exhibits significant decline from baseline for two consecutive years	0
Performance on three measures exhibits significant decline from baseline for two consecutive years	0.20
Performance on two measures exhibits significant decline from baseline for two consecutive years	0.25
Performance on one measure exhibits significant decline from baseline for two consecutive years	0.35
Performance on all 10 measures is maintained—no significant change from baseline OR significant decline for only one year on any given measure ¹	0.45
Performance on all 10 measures is maintained or exhibits significant improvement from baseline ²	0.45 + 0.01 multiplied by the number of measures (up to 10) with significant improvement

¹ Consistent with the STCs of the TennCare demonstration, if performance on any measure exhibits significant decline for one year, the state will submit a performance improvement plan to CMS.

² In addition, in any year in which the state demonstrates sufficient improvement on a shared savings measure to be in the 75th percentile or higher, the state will continue to access shared savings equivalent to what the state would otherwise have achieved through a significant improvement on that measure.

Significant Changes from Baseline

Consistent with the STCs of the TennCare demonstration, state performance on Shared Savings Metric Set measures in Calendar Year 2019 is the baseline for purposes of measuring change in state performance. Determination of whether an observed change (positive or negative) in performance is significant will be based on a minimum effect size change relative to the baseline performance. This minimum effect size change is defined as follows:

Baseline Measure Performance	Annual Minimum Effect Size Change
0-59	At least a 6 percentage point change
60-74	At least a 5 percentage point change
75-84	At least a 4 percentage point change
85-92	At least a 3 percentage point change
93-96	At least a 2 percentage point change
97-99	At least a 1 percentage point change

Appendix

Measure Definitions

Shared Savings Metric Set – Measure Definitions

The following measure definitions are taken from NCQA HEDIS MY2020³ specifications. Any difference between the NCQA HEDIS specifications and CMS Core Measure specifications are noted.

Controlling High Blood Pressure (CBP) (HEDIS MY2020): Percentage 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.

Difference between NCQA and CMS Specifications: NCQA specifications do not stratify by age groups while the CMS specifications stratify this measure into 18-64 and 65+ age groups. The state submits this measure in accordance with NCQA specifications for the entire age group.

Cervical Cancer Screening (CCS) (HEDIS MY2020): Percentage of women ages 21-64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21-64 who had cervical cytology performed within the last 3 years.
- Women ages 30-64 who had cervical high-risk HPV testing performed within the last 5 years.
- Women ages 30-64 who had cervical cytology/high-risk HPV testing within the last 5 years.

Follow-Up After Hospitalization for Mental Illness (FUH) (HEDIS MY2020): Percentage of discharges for members ages 6+ who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis who had a follow up visit with a mental health practitioner.

- Members who received follow-up care within 30 days of discharge

Note that for purposes of the Shared Savings Metric Set, the state will track rates for children (ages 6 to 17) and adults (ages 18 to 64) separately.

Childhood Immunization Status (CIS) (HEDIS MY2020):

- Percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PVC); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measures calculated a rate for each vaccine and nine separate combination rates.

Note that for purposes of the Shared Savings Metric Set, the state will use the Combination 10 rate. Combination 10 includes DTaP, IPV, MMR, HiB, HepB, VZV, PVC, Hep A, RV, and Flu vaccinations.

Child and Adolescent Well-Care Visits (WCV) (HEDIS MY2020): Percentage of members 3-21 years of age who had at least one comprehensive well-care visits with a PCP or OB/GYN during the measurement year

Note that CMS has not yet released specifications for this measure.

³ NCQA HEDIS MY2020 refers to the National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set, Measurement Year 2020.

Prenatal and Postpartum Care (PPC) (HEDIS MY2020): Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- *Timeliness of Prenatal Care*: The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization
- *Postpartum Care*: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Well-Child Visits in the First 30 Months of Life (W30) (HEDIS MY2020): Percentage of members who had the following number of well-child visits with a PCP in the last 15 months:

- *Well-Child Visits in the First 15 Months*: Children who turned 15 months old during the measurement year: 6 or more visits.

Note that CMS has not yet released specifications for this measure.

The following definition is taken from the CMS Core Measure Specifications from MY2019.

Use of Pharmacotherapy for Opioid Use Disorder (OUD) (Core Measure MY2019):

- Percentage of Medicaid members ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year. Five rates are reported:
 - Total (overall) rate capturing any medications used in medication assisted treatment of opioid dependence and addiction
 - Four Separate rates representing the following types of FDA-approved drug products:
 - Buprenorphine
 - Oral Naltrexone
 - Long-acting, Injectable Naltrexone
 - Methadone

Note that for purposes of the Shared Savings Metric Set, the state will use the total (overall) rate.