# Quality Incentive Program:
# *Results from End of Year One*

## November 2013

# Objectives

1. Overview of Scoring Methodology
    A. Overall Program Score
    B. Top Tier Status
2. Performance of QuIP Enrolled Providers
3. Benefits for QuIP Top Tier Providers
4. Discuss Use of Best Practices by QuIP Enrolled Providers
5. Contact Information

# Overview of Scoring Methodology

**OVERALL PROGRAM SCORE**

**Finance Points (based on % paid)**

**+ Quality Points (based on OMS Completion Rate)**

**+ Quality Points (based on OMS Engagement Rate)**

**= Overall Program Score (up to 100)**

**TOP TIER STATUS**

**Formula: Both Quality Metrics in Tiers 1 or 2 only AND Finance <100.00%**

**Purpose: Recognize successful QuIP providers independent of their overall program score**

# Overview of Scoring Methodology

## DEFINITIONS (FINANCIAL)

**Global Cost of Care**: The global cost of care represents the total amount spent on a consumer's care regardless of where the service was rendered or who provided the service. For example, a consumer that is engaged with a clinic and received care at a hospital emergency room would have those costs included in the clinic's global cost of care. Pharmacy costs are not included.

# Overview of Scoring Methodology

## DEFINITIONS, CONTINUED

**Estimated Costs (Global Cost of Care)**: The estimated costs represent the anticipated amount that will be spent on providing services to the consumers in the program period. The estimated costs will be subject to change on a quarterly basis to reflect adjustments in the membership. For example, an increase in the membership would likely result in an increase in the estimated cost based on newly calculated acuity of the clinic's population.

**Actual Costs (Global Cost of Care)**: The actual costs represent the amount of monies spent in the noted time period for all services provided to consumers including but not limited to, inpatient, outpatient, psychiatric rehabilitation and residential treatment.

# Overview of Scoring Methodology

## CALCULATING PERCENTAGE PAID

| | |
|---|---|
| Actual Cost (Global Cost of Care) | $1,500,000 |
| ÷ Estimated Cost (Global Cost of Care) | $2,000,000 |
| = Percent Paid | 75.00% |

# Overview of Scoring Methodology

## Financial Point Scale (up to 80 points) for Percentage Paid

| % Paid Range | Points |
|---|---|
| <80.00% | 80 points |
| 80.00% to <85.00% | 70 points |
| 85.00% to <90.00% | 60 points |
| 90.00% to <95.00% | 50 points |
| 95.00% to <100.00% | 40 points |
| 100.00% to <105.00% | 30 points |
| 105.00% to <110.00% | 20 points |
| =>110.00% | 0 points |

Points were awarded to providers up to 109.99% paid

Note: Four providers achieved 80 points and six providers achieved 70 points

# Overview of Scoring Methodology

## DEFINITIONS (QUALITY)

**OMS Completion Rate**: A quality metric showing the percentage of current, within the last 12 months, OMS assessments with 95% of optimal, not just required, items completed. This is intended to maximize the effectiveness and value of the OMS Datamart.

**OMS Engagement Rate**: A quality metric showing the percentage of all consumers with a completed OMS survey from your clinic within the last 12 months who have not subsequently completed another OMS survey with another provider. This is intended to measure consumer satisfaction with the provider.

# Overview of Scoring Methodology

**Each Quality Rate is calculated by a percentage. The percentage is associated with a Tier. Each Tier is associated with a point scale.**

**Quality Point Scale for Each Quality Tier**

| | |
|---|---|
| Tier 1 (90% to 100%) | 10 points |
| Tier 2 (80% to 89%) | 5 points |
| Tier 3 (70% to 79%) | 2.5 points |
| Tier 4 (<70%) | 0 points |

**Quality score (up to 20 points) equals both Quality Rates**

**= OMS Completion Rate Points + OMS Engagement Rate Points**

# Overview of Scoring Methodology

**OVERALL PROGRAM SCORE**

**Finance Points (based on % paid)**

**+ Quality Points (based on OMS Completion Rate)**

**+ Quality Points (based on OMS Engagement Rate)**

**= Overall Program Score (up to 100)**

# Overview of Scoring Methodology

**Provider A Example**

5 points = OMS Completion Tier 2

5 points = OMS Engagement Tier 2

+ 40 points = % Paid of Estimated Cost was 98.32%

50 points is Overall Program Score for Provider A

**Top Tier Formula = Both Quality Metrics in Tiers 1 or 2 only AND Finance <100.00%**

**Provider A is a Top Tier Provider**

# Overview of Scoring Methodology

**Provider B Example**

10 points = OMS Completion Tier 1

10 points = OMS Engagement Tier 1

+ 30 points = % Paid of Estimated Cost was 103.61%

50 points is Overall Program Score for Provider B

**Top Tier Formula = Both Quality Metrics in Tiers 1 or 2 only AND Finance <100.00%**

**Provider B is Not a Top Tier Provider**

# Performance of QuIP Providers

## Financial Metrics

•As a group, providers' Actual Costs (i.e. paid claims) were at 99.15%.

•60% (25 of 42) QuIP providers had Actual Costs below 100.00%

## Quality Metrics

•As a group, OMS Engagement Rate averaged 95.73% (i.e. Tier 1)

•As a group, OMS Completion Rate averaged 78.48% (i.e. Tier 3)

# Performance of QuIP Providers

**Overall Program Score**

- Average score was 60
- Scores ranged from 10 to 100

**Top Tier**

- 38% (16 of 42) QuIP providers achieved Top Tier status.
- Top Tier provider benefits are explained on the next slide.

# Benefits for QuIP Top Tier Providers

- Provider will not be required to clinically pre-certify outpatient crisis services  CPT Codes 90839 (psychotherapy for crisis, first 60 minutes) and 90840 (add-on for each additional 30 minutes of psychotherapy for crisis).  For these services they only need to call in or fax a limited amount of information to ValueOptions which is intended to decrease the provider's administrative burden.
- Recognition of provider's name on ValueOptions and MHA's websites
- Certificate of Achievement from MHA

# Discussion of Best Practices

Current resources listing engagement strategies for youth and adults are found at…

http://maryland.valueoptions.com/provider/prv_info.htm

- Quality Incentive Program for Youth in MD
- Possible Strategies for Quality Plans to Improve Outcomes

**Questions**

1. What strategies are working / not working for your programs?
2. How are you using the QuIP data to influence your outcomes?

# Contact Information


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# Thank You

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