Commonwealth of Virginia
Department of
Medical Assistance Services

SFY 2024 Performance Withhold Program Methodology

SFY 2024 Performance Withhold Program Methodology

Project Overview

The Virginia Department of Medical Assistance Services (DMAS) contracted with Health Services Advisory Group, Inc. (HSAG), as their External Quality Review Organization (EQRO), to establish, implement, and maintain a scoring mechanism for the managed care Performance Withhold Program (PWP), also referred to as the "quality withhold." For the state fiscal year (SFY) 2024 PWP, managed care organizations' (MCOs') performance is evaluated on nine National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) measures/indicators (14 measures/indicators),[1] one Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicator (PDI) measure, and two Centers for Medicare and Medicaid Services (CMS) Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) measures. The EQRO is responsible for collecting MCOs' audited HEDIS measure/indicator rates, the AHRQ PDI measure rates, and CMS Adult Core Set measure rates from DMAS. The EQRO will derive PWP scores for each measure/indicator and calculate the portion of the 1 percent quality withhold earned back for each MCO.

The following sections provide the PWP calculation methodology for the SFY 2024. MCOs will be eligible to earn back all, or a portion of, their 1 percent quality withhold based on the scoring methods and quality withhold funds model described in this document.

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Performance Measures

As indicated in Table 1, DMAS selected 10 PWP measurement domains. These are composed of nine HEDIS measures (five of which have additional indicators), one AHRQ PDI measure, and two CMS Adult Core Set measures. In total, data are drawn from 17 distinct measures/indicators.

Table 1—PWP Measures/Indicators

Domain	Measure/Indicator	Measurement Specification	Required Reporting Method
1	Asthma Admission Rate (per 100,000 Member Months [MM])*	AHRQ PDI	Administrative
2	Child and Adolescent Well-Care Visits—Total	HEDIS	Administrative
3	Childhood Immunization Status—Combination 3	HEDIS	Hybrid
4	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (per 100,000 MM)—Total*	CMS Adult Core Set	Administrative
5	Comprehensive Diabetes Care Composite[2] (3 measures) – Blood Pressure Control for Patients With Diabetes—Total – Eye Exam for Patients With Diabetes—Total – Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (2 Indicators) • *HbA1c Control (<8.0%)—Total* • *HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)—Total**	HEDIS	Hybrid
6	Follow-Up After Emergency Department (ED) Visit for Substance Use (2 Indicators) • *7-Day Follow-Up—Total* • *30-Day Follow-Up—Total*	HEDIS	Administrative
7	Follow-Up After ED Visit for Mental Illness (2 Indicators) • *7-Day Follow-Up—Total* • *30-Day Follow-Up—Total*	HEDIS	Administrative
8	Heart Failure Admission Rate (per 100,000 MM)—Total*	CMS Adult Core Set	Administrative
9	Initiation and Engagement of Substance Use Disorder (SUD) Treatment (2 Indicators) • *Initiation of SUD Treatment* • *Engagement of SUD Treatment*	HEDIS	Administrative
10	Prenatal and Postpartum Care (2 Indicators) • *Timeliness of Prenatal Care* • *Postpartum Care*	HEDIS	Hybrid

For this measure/indicator, a lower rate indicates better performance.

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[2] Starting with HEDIS MY 2022, the Comprehensive Diabetes Care measure/indicator has been removed and three new measures/indicators have been established. For the purposes of the PWP, the measures/indicators are combined as a composite and weighted similar to the other measures/indicators.

Performance Period

The SFY 2024 PWP assesses calendar year (CY) 2023 performance measure data (i.e., the performance measures/indicators will be calculated following HEDIS Measurement Year [MY] 2023, AHRQ's PDI Technical Specifications [July 2022], and CMS federal fiscal year [FFY] 2024 Adult Core Set Specifications that use a CY 2023 measurement period) to determine what portion, if any, the MCOs will earn back from the funds withheld in SFY 2024 (i.e., the 1 percent of capitation payments withheld from July 1, 2023, through June 30, 2024).[3]

Data Collection

The HEDIS Interactive Data Submission System (IDSS) files for the PWP calculation will be audited as required by NCQA. The auditor-locked IDSS files containing the HEDIS measure/indicator rates will be provided to the EQRO by the MCOs. DMAS will contract with their EQRO to validate the AHRQ PDI measure and the two CMS Adult Core Set measures in accordance with *CMS External Quality Review (EQR) Protocols: Protocol 2. Validation of Performance Measures*, February 2023.[4] Following the performance measure validation, the EQRO will provide the true, audited rates for the AHRQ PDI and CMS Adult Core Set measures to DMAS.

Only measure/indicator rates with a "*Reportable (R)*" (HEDIS and non-HEDIS rates) audit result (i.e., the plan produced a reportable rate for the measure/indicator in alignment with the technical specifications) will be included in the PWP calculation. Measure/indicator rates with a "*Small Denominator (NA)*" (HEDIS rates only) status (i.e., the plan followed the specifications, but the denominator was too small to report a valid rate) will be excluded from the PWP calculation. Measure/indicator rates with any result other than a "*Reportable (R)*" audit result or "*Small Denominator (NA)*" status will receive a score of zero (i.e., the MCO will not be eligible to earn a portion of the quality withhold back for that measure).

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[3] Per the technical measure specifications, the Asthma Admission Rate is reported per 100,000 population. However, this measure should be reported per 100,000 MM instead. This slight deviation is in alignment with the approach for reporting AHRQ's Prevention Quality Indicator (PQI) measures in CMS' Adult Core Set.

[4] Department of Health and Human Services, Centers for Medicare and Medicaid Services. CMS External Quality Review (EQR) Protocols, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Jul 5, 2023.

SFY 2024 PWP

SFY 2024 PWP will use the MCOs' audited HEDIS MY 2023 and validated CY 2023 AHRQ PDI and CMS FFY 2024 CMS Adult Core Set performance measure data. Table 2 shows the percentage of withhold associated with each domain.

Table 2—SFY 2024 PWP Domain Weights

Domain	Measure/Indicator	Domain Weight
1	Asthma Admission Rate (per 100,000 MM)*	10%
2	Child and Adolescent Well-Care Visits—Total	10%
3	Childhood Immunization Status—Combination 3	10%
4	COPD or Asthma in Older Adults Admission Rate (per 100,000 MM)—Total*	10%
5	Comprehensive Diabetes Care Composite (3 measures) – Blood Pressure Control for Patients With Diabetes—Total – Eye Exam for Patients With Diabetes—Total – HbA1c Control for Patients With Diabetes (2 Indicators) • *HbA1c Control (<8.0%)—Total* • *HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)—Total**	10%
6	Follow-Up After ED Visit for Substance Use (2 Indicators) • *7-Day Follow-Up—Total* • *30-Day Follow-Up—Total*	10%
7	Follow-Up After ED Visit for Mental Illness (2 Indicators) • *7-Day Follow-Up—Total* • *30-Day Follow-Up—Total*	10%
8	Heart Failure Admission Rate (per 100,000 MM)—Total*	10%
9	Initiation and Engagement of SUD Treatment (2 Indicators) • *Initiation of SUD Treatment* • *Engagement of SUD Treatment*	10%
10	Prenatal and Postpartum Care (2 Indicators) • *Timeliness of Prenatal Care* • *Postpartum Care*	10%

For this measure/indicator, a lower rate indicates better performance.

Scoring Methods

The next several sections describe the PWP calculation method for the SFY 2024 PWP.

Measure/Indicator Partial Score

For SFY 2024, the AHRQ PDI and CMS Adult Core Set measure scoring will be based on whether the MCO reported valid CY 2023 measure rates in the required reporting method as indicated in Table 1. Due to the planned transition to Cardinal Care, DMAS will attempt to set benchmarks for determining the Cardinal Care MCO performance scores for the AHRQ PDI and CMS Adult Core Set measures after the transition is complete.

As indicated in Table 3, only measures with a "*Reportable (R)*" audit result (i.e., the plan produced a reportable rate for the measure in alignment with the technical specifications) will be included in the PWP calculation for the AHRQ PDI and CMS Adult Core Set measures. Measure rates with the following audit results will receive a score of zero (i.e., the MCO will not be eligible to earn a portion of the quality withhold back for that measure):

- "*Do Not Report (DNR)*" audit result (i.e., the calculated rate was materially biased)
- "*Not Applicable (NA)*" audit result (i.e., the plan was not required to report the measure)
- "*No Benefit (NR)*" audit result (i.e., the measure was not reported because the plan did not offer the required benefit)

Table 3—Audit Designations (AHRQ PDI and CMS Adult Core Set)

Audit Designation	
Eligible for Points	**Ineligible for Points**
Reportable (R)	*Do Not Report (DNR)*
	Not Applicable (NA)
	No Benefit (NR)

The performance scores for the HEDIS measures/indicators will be determined by comparing each rate to NCQA's Quality Compass®[5] national Medicaid health maintenance organization (HMO) percentiles (referred to in this document as percentiles).

Table 4 presents the possible scores for each HEDIS measure/indicator based on the MCO performance for the current year. Rates will be rounded to two decimals prior to comparing to the percentiles and determining the measure/indicator score, and no scores will be dropped.

Table 4—PWP HEDIS Measure/Indicator Scoring

Criteria for Each Measure/Indicator	Score
MCO's rate is below the lower percentile threshold	0.00
MCO's rate is at or above the lower percentile threshold but below the upper percentile threshold	Between 0.00 and 1.00
MCO's rate is at or above the upper percentile threshold	1.00

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[5] Quality Compass® is a registered trademark of NCQA.

For the *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total,* and *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* indicators, the lower percentile threshold will be the 50th percentile and the upper percentile threshold will be the 66.67th percentile. For all other HEDIS measures/indicators, the lower percentile threshold will be the 25th percentile and the upper percentile threshold will be the 50th percentile. HEDIS measure/indicator rates that are below the lower percentile threshold will receive a score of zero (i.e., no portion of the quality withhold will be earned for this indicator). Measure/indicator rates that are at or above the upper percentile threshold will receive the maximum score for that measure/indicator (i.e., 1 point). If a measure/indicator rate is at or above the lower percentile threshold but below the upper percentile threshold, the MCO will be eligible to receive a partial score (i.e., a partial point value that falls between 0 and 1). To calculate the partial points at the measure/indicator level, each MCO's rate will be compared to the percentiles to determine how close the MCO's rate is to the upper percentile threshold. In future iterations of the PWP, the lower percentile threshold and upper percentile threshold may increase to encourage continued positive performance and quality improvement. The partial score for each measure/indicator will be derived using the following formula:

$$Partial\ Point\ Value = \left[\frac{(MCO\ Rate - Lower\ Percentile\ Threshold)}{(Upper\ Percentile\ Threshold - Lower\ Percentile\ Threshold)}\right]$$

For example, if the lower percentile threshold is 40 percent and the upper percentile threshold is 60 percent, and an MCO has a rate of 55 percent for a measure/indicator, then the partial point value is calculated as follows:

$$Partial\ Point\ Value = \left[\frac{(55 - 40)}{(60 - 40)}\right] = 0.75$$

Improvement Bonus

For the AHRQ PDI and CMS Adult Core Set measures, DMAS will determine an appropriate method of assigning improvement bonus points for future iterations of the PWP, if applicable.

For the SFY 2024 PWP, MCOs that failed to meet the 50th percentile in CY 2022 (i.e., HEDIS MY 2022 data) for a HEDIS measure/indicator may be eligible to earn an improvement bonus if a measure/indicator rate demonstrates substantial improvement from CY 2022.[6,7] Substantial improvement will be defined as 20 percent of the difference between the lower and upper percentile thresholds. An improvement bonus of 0.25 points will be awarded for each measure/indicator, if the MCO was below the 50th percentile in CY 2022 and the following is true:

$$|MCO\ Current\ Rate - MCO\ CY\ 2022\ Rate| \geq \left|\left[\frac{(Upper\ Percentile\ Threshold - Lower\ Percentile\ Threshold)}{5}\right]\right|$$

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[6] HSAG will use the HEDIS MY 2022 Combined Aggregate files (i.e., the MCO's standard NCQA HEDIS submission) as a comparison to the HEDIS MY 2023 data submissions.

[7] To evaluate the improvement bonus for Sentara Health Plan (Sentara), HSAG combined the CY 2022 results for Optima Health (Optima) and Virginia Premier Health Plan, Inc. (VA Premier). Please refer to the Combining Data section for more information on how data were combined.

For each MCO, HSAG will assess which measure/indicator rates are eligible for an improvement determination. HSAG will only determine improvement bonus eligibility if a measure/indicator meets the following criteria:

- The MCO current year rate demonstrated an improvement from the CY 2022 rate;
- The MCO reported the measure/indicator rate in both the current year and CY 2022;
- The MCO's reported measure/indicator rate was below the 50th percentile in CY 2022;
- The MCO reported the measure/indicator rate using the same reporting methodology in both years (e.g., the reporting methodology did not change from administrative in CY 2022 to hybrid in the current year); and
- NCQA did not recommend a break in trending for the measure/indicator due to a change in the technical specifications for the Medicaid product line.

If an MCO demonstrates substantial improvement for a measure/indicator rate and meets all of the criteria for improvement bonus determinations, then the MCO will receive an improvement bonus for that measure/indicator.

High Performance Bonus

For the SFY 2024 PWP, if an MCO demonstrates a strong performance trend over time for a HEDIS measure/indicator, the MCO will be eligible for a high performance bonus. For the *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total,* and *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* indicators, the high performance value will be the 75th percentile. For all other HEDIS measures/indicators, the high performance value will be the 66.67th percentile. The high performance bonus will be awarded for measure/indicator rates that exceed the high performance value for both the current year and CY 2022.[8] Each measure/indicator rate that is awarded the high performance bonus will be eligible for a maximum high performance bonus of 0.25 points that will be added to the measure/indicator partial score described above (i.e., 1 point).

For the AHRQ PDI and CMS Adult Core Set measures, DMAS will determine an appropriate method of assigning high performance bonus points for future iterations of the PWP, if applicable.

Scoring Model Example

Table 5 and Table 6 provide examples of how measure/indicator partial scores will be determined by MCO. All data presented in the tables below (both measure/indicator rates and percentile values) are mock data and do not represent actual data or results.

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[8] To evaluate the high performance bonus for Sentara, HSAG combined the CY 2022 results for Optima and VA Premier. Please refer to the Combining Data section for more information on how data were combined.

Table 5—Measure/Indicator Partial Score Calculations—HEDIS Measures/Indicators
(Example Using Mock Data)

Measure/Indicator	Current Year Rate	Lower Percentile Threshold	Upper Percentile Threshold	Measure/ Indicator Partial Score
Child and Adolescent Well-Care Visits				
Total	55.55%	44.28%	54.26%	1.00
Childhood Immunization Status				
Combination 3	73.82%	65.45%	70.68%	1.00
Comprehensive Diabetes Care Composite				
Blood Pressure Control for Patients With Diabetes—Total	53.00%	50.23%	54.55%	0.64
Eye Exam for Patients With Diabetes—Total	42.68%	41.77%	52.00%	0.09
HbA1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—Total	54.74%	44.11%	51.22%	1.00
HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)—Total*	50.70%	45.55%	38.66%	0.00
Follow-Up After ED Visit for Substance Use				
7-Day Follow-Up—Total	6.94%	6.25%	9.73%	0.20
30-Day Follow-Up—Total	11.04%	9.89%	15.25%	0.21
Follow-Up After ED Visit for Mental Illness				
7-Day Follow-Up—Total	46.22%	29.21%	35.49%	1.00
30-Day Follow-Up—Total	58.92%	43.17%	51.45%	1.00
Initiation and Engagement of SUD Treatment				
Initiation of SUD Treatment	42.26%	39.25%	41.99%	1.00
Engagement of SUD Treatment	11.16%	9.53%	11.01%	1.00
Prenatal and Postpartum Care				
Timeliness of Prenatal Care—Total	78.01%	78.10%	83.76%	0.00
Postpartum Care—Total	64.70%	59.38%	65.69%	0.84

*For this measure/indicator, a lower rate indicates better performance.
Please note that the numbers in the table have been rounded for display purposes. Calculations will be based off unrounded data.

Table 6—Measure/Indicator Partial Score Calculations—AHRQ PDI and CMS Adult Core Set Measures
(Example Using Mock Data)

Measure	Audit Designation*	Met Reporting Requirements	Measure Partial Score
Asthma Admission Rate (per 100,000 MM)			
Total	R	Yes	1.00
COPD or Asthma in Older Adults Admission Rate (per 100,000 MM)			
Total	R	Yes	1.00
Heart Failure Admission Rate (per 100,000 MM)			
Total	NA	No	0.00

Audit designations include: Reportable (R); Do Not Report (DNR); Not Applicable (NA); No Benefit (NR).

The measure/indicator partial scores for the HEDIS measures/indicators are calculated by first determining the applicable percentile level for the measure/indicator rate. For example, the *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* indicator received a measure/indicator partial score of one point because the rate (46.22 percent) is above the upper percentile threshold (35.49 percent). For the AHRQ PDI and CMS Adult Core Set measures, the *Asthma Admission Rate—Total* measure receives a measure partial score of 1.00 because the audit designation was "*Reportable (R).*"

Table 7 provides an example of how the improvement bonus scores will be determined by MCO based on performance for the current year and CY 2022 for the HEDIS measures/indicators. Improvement bonus determinations for the AHRQ PDI and CMS Adult Core Set measures will be evaluated for future iterations of the PWP.

Table 7—Measure/Indicator Improvement Bonus Score Calculations—HEDIS Measures/Indicators
(Example Using Mock Data)

Measure/Indicator	CY 2022 Rate	Current Year Rate	Rate Difference	Substantial Improvement Value	Below 50th Percentile in Prior Year	Met Substantial Improvement	Improvement Bonus†
Child and Adolescent Well-Care Visits							
Total	50.85%	55.55%	4.70%	2.00%	Y	Y	0.25
Childhood Immunization Status							
Combination 3	71.29%	73.82%	2.53%	1.05%	N	Y	0.00
Comprehensive Diabetes Care Composite							
Blood Pressure Control for Patients With Diabetes—Total	53.25%	53.00%	-0.25%	0.86%	Y	N	0.00
Eye Exam for Patients With Diabetes—Total	44.27%	42.68%	-1.59%	2.05%	Y	N	0.00
HbA1c Control for Patients With	57.41%	54.74%	-2.67%	1.42%	N	N	0.00

Measure/Indicator	CY 2022 Rate	Current Year Rate	Rate Difference	Substantial Improvement Value	Below 50th Percentile in Prior Year	Met Substantial Improvement	Improvement Bonus†
Diabetes—HbA1c Control (<8.0%)—Total							
HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)—Total*	52.26%	50.70%	-1.56%	-1.38%	Y	Y	0.25
Follow-Up After ED Visit for Substance Use							
7-Day Follow-Up—Total	5.66%	6.94%	1.28%	0.70%	Y	Y	0.25
30-Day Follow-Up—Total	11.42%	11.04%	-0.38%	1.07%	Y	N	0.00
Follow-Up After ED Visit for Mental Illness							
7-Day Follow-Up—Total	45.12%	46.22%	1.10%	1.26%	N	N	0.00
30-Day Follow-Up—Total	59.67%	58.92%	-0.75%	1.66%	N	N	0.00
Initiation and Engagement of SUD Treatment							
Initiation of SUD Treatment	41.68%	42.26%	0.58%	0.55%	N	Y	0.00
Engagement of SUD Treatment	11.11%	11.16%	0.05%	0.30%	Y	N	0.00
Prenatal and Postpartum Care							
Timeliness of Prenatal Care—Total	77.62%	78.01%	0.39%	1.13%	Y	N	0.00
Postpartum Care—Total	60.58%	64.70%	4.12%	1.26%	Y	Y	0.25

†A measure/indicator is eligible for an improvement bonus if the measure/indicator rate was below the 50th percentile in CY 2022 and the measure/indicator rate demonstrated substantial improvement from CY 2022.
*For this measure/indicator, a lower rate indicates better performance.

Table 8 provides an example of how the high performance bonus scores will be determined, by MCO, based on performance for the current year and CY 2022 for the HEDIS measures/indicators. Once the high performance bonus scores are determined, the measure/indicator partial score, the improvement bonus score, and high performance bonus score (i.e., 0.00 or 0.25) will be summed to obtain the final measure/indicator score. High performance bonus determinations for the AHRQ PDI and CMS Adult Core Set measures will be evaluated for future iterations of the PWP.

Table 8—High Performance Bonus Score Calculations—HEDIS Measures/Indicators
(Example Using Mock Data)

Measure/Indicator	CY 2022 Rate	CY 2022 High Performance Value	Current Year Rate	Current Year High Performance Value	High Performance Bonus		
					Prior Year	Current Year	Points Earned
Child and Adolescent Well-Care Visits							
Total	50.85%	59.49%	55.55%	60.34%	N	N	0.00
Childhood Immunization Status							
Combination 3	71.29%	73.72%	73.82%	72.75%	N	Y	0.00
Comprehensive Diabetes Care Composite							
Blood Pressure Control for Patients With Diabetes—Total	53.25%	56.12%	53.00%	57.89%	N	N	0.00
Eye Exam for Patients With Diabetes—Total	44.27%	57.16%	42.68%	58.02%	N	N	0.00
HbA1c Control for Patients With Diabetes—HbA1c Control (<8.0%)—Total	57.41%	53.48%	54.74%	54.51%	Y	Y	0.25
HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)—Total*	52.26%	33.23%	50.70%	34.15%	N	N	0.00
Follow-Up After ED Visit for Substance Use							
7-Day Follow-Up—Total	5.66%	10.85%	6.94%	11.01%	N	N	0.00
30-Day Follow-Up—Total	11.42%	15.30%	11.04%	15.75%	N	N	0.00
Follow-Up After ED Visit for Mental Illness							
7-Day Follow-Up—Total	45.12%	44.56%	46.22%	45.77%	Y	Y	0.25
30-Day Follow-Up—Total	59.67%	54.66%	58.92%	55.79%	Y	Y	0.25
Initiation and Engagement of SUD Treatment							
Initiation of SUD Treatment	41.68%	47.00%	42.26%	48.04%	N	N	0.00
Engagement of SUD Treatment	11.11%	12.16%	11.16%	12.13%	N	N	0.00
Prenatal and Postpartum Care							
Timeliness of Prenatal Care—Total	77.62%	85.59%	78.01%	86.37%	N	N	0.00
Postpartum Care—Total	60.58%	67.82%	64.70%	68.36%	N	N	0.00

For this measure/indicator, a lower rate indicates better performance.

Table 9 shows the domain level score calculations for each MCO by determining the average of the measure/indicator level scores for each measure/indicator.

Table 9—Domain Level Score Calculations
(Example Using Mock Data)

Measure/Indicator	Measure/ Indicator Level Score	Improvement Bonus	High Performance Bonus	Final Measure/ Indicator Score	Domain Level Score
Asthma Admission Rate (Per 100,000 MM)*					
Total	1.00	NE	NE	1.00	**1.00**
Child and Adolescent Well-Care Visits					
Total	1.00	0.25	0.00	1.25	**1.25**
Childhood Immunization Status					
Combination 3	1.00	0.00	0.00	1.00	**1.00**
COPD or Asthma in Older Adults Admission Rate (per 100,000 MM)*					
Total	1.00	NE	NE	1.00	**1.00**
Comprehensive Diabetes Care Composite					
Blood Pressure Control for Patients with Diabetes—Total	0.64	0.00	0.00	0.64	
Eye Exam for Patients with Diabetes—Total	0.09	0.00	0.00	0.09	
HbA1c Control for Patients With Diabetes—HbA1c Control (<8.0 Percent)—Total	1.00	0.00	0.25	1.25	**0.56**
*HbA1c Control for Patients With Diabetes—HbA1c Poor Control (>9.0 Percent)—Total***	0.00	0.25	0.00	0.25	
Follow-Up After ED Visit for Substance Use					
7-Day Follow-Up—Total	0.20	0.25	0.00	0.45	**0.33**
30-Day Follow-Up—Total	0.21	0.00	0.00	0.21	
Follow-Up After ED Visit for Mental Illness					
7-Day Follow-Up—Total	1.00	0.00	0.25	1.25	**1.25**
30-Day Follow-Up—Total	1.00	0.00	0.25	1.25	
Heart Failure Admission Rate (per 100,000 MM)*					
Total	0.00	NE	NE	0.00	**0.00**
Initiation and Engagement of SUD Treatment					
Initiation of SUD Treatment	1.00	0.00	0.00	1.00	**1.00**
Engagement of SUD Treatment	1.00	0.00	0.00	1.00	
Prenatal and Postpartum Care					
Timeliness of Prenatal Care—Total	0.00	0.00	0.00	0.00	**0.55**
Postpartum Care—Total	0.84	0.25	0.00	1.09	

Please note that the numbers in the table have been rounded for display purposes. Calculations will be based off unrounded data.

NE indicates the measure/indicator is not eligible for an Improvement Bonus or High Performance Bonus.
*For this measure/indicator, a lower rate indicates better performance.

As shown in Table 9, the *Follow-Up After ED Visit for Substance Use* domain level score (0.33) was obtained by averaging the measure/indicator level scores for *7-Day Follow-Up—Total* and *30-Day Follow-Up—Total* (0.45 and 0.21 respectively).

Table 10 provides an example of how the percentage of the quality withhold is derived (i.e., overall withhold earned) based on the 10 domain level scores calculated above. The percentage of the quality withhold that the MCO is eligible to earn back is calculated by multiplying the domain level score with the applicable domain weight and then summing the domain withhold earned values together. An MCO is not able to earn back more than 100 percent of its total withhold amount. If an overall withhold amount is greater than 100 percent (due to bonus points), the overall withhold earned will be reduced to 100 percent.

Table 10—Percentage Withhold Earned
(Example Using Mock Data)

Domain	Domain Level Score	Domain Weight	Domain Withhold Earned	Overall Withhold Earned
Asthma Admission Rate (per 100,000 MM)	1.00	10.00%	10.00%	
Child and Adolescent Well-Care Visits	1.25	10.00%	12.50%	
Childhood Immunization Status	1.00	10.00%	10.00%	
COPD or Asthma in Older Adults Admission Rate (per 100,000 MM)	1.00	10.00%	10.00%	
Comprehensive Diabetes Care Composite	0.56	10.00%	5.58%	**79.33%**
Follow-Up After ED Visit for Substance Use	0.33	10.00%	3.30%	
Follow-Up After ED Visit for Mental Illness	1.25	10.00%	12.50%	
Heart Failure Admission Rate (per 100,000 MM)	0.00	10.00%	0.00%	
Initiation and Engagement of SUD	1.00	10.00%	10.00%	
Prenatal and Postpartum Care	0.55	10.00%	5.45%	

Please note that the numbers in the table have been rounded for display purposes. Calculations will be based off unrounded data.

Quality Withhold Funds Model

The quality withhold percentage is 1 percent of the total MCO capitation payments for the year. An MCO is eligible to earn the entire quality withhold by having 100 percent for the overall withhold (i.e., the MCO would not lose any quality withhold funds).

Table 11—PWP Funds Allocation
(Example Using Mock Data)

MCO Name	Total Capitation Payment	Maximum At-Risk Amount (1% Withhold)	Percentage Withhold Earned	Final Withhold Earned Back Amount
MCO	$735,790,000.00	$7,357,900.00	79.33%	$5,836,654.18

Please note that the numbers in the table have been rounded for display purposes. Calculations will be based off unrounded data.

As shown in Table 11, the one percent at risk amount for the example MCO is $7,357,900.00. The MCO earned 79.33 percent of the quality withhold through the review of the HEDIS, AHRQ PDI, and CMS Adult Core Set measure/indicator rates, thus the MCO is eligible to receive $5,836,654.18 of the quality withhold according to the following equation:

$$Final\ Withhold\ Earned\ Back\ Amount = (Maximum\ At\ Risk\ Amount \times Percentage\ Withhold\ Earned)$$

Combining Data

Due to the merger of Optima and VA Premier, HSAG combined results for Optima and VA Premier for CY 2022. HSAG employed the following methodology to combine the results:

The formula for computing the combined mean $(\overline{X}_c)$ for each measure is:

$$\overline{X}_c = \frac{n_1\overline{X}_1 + n_2\overline{X}_2}{n_1 + n_2}$$

where:
n_1 = Number of members in the eligible population for Optima
n_2 = Number of members in the eligible population for VA Premier
$\overline{X}_1$ = Mean of measure for Optima population
$\overline{X}_2$ = Mean of measure for VA Premier population

HSAG used the combined results of Optima and VA Premier to assess Sentara's improvement bonus and high performance bonus.