

# Medicaid quality metrics and spend thresholds for performance period 1, CY2019 – Attention Deficit Hyperactivity Disorder

Quality metrics thresholds		Spend thresholds <sup>1</sup>			
Quality metric	Threshold	Acceptable	Commendable	Positive incentive limit	
QM1: Minimum care requirement	≥ 63%	Value, \$	\$1,534	\$1,086	\$34
QM2: Antipsychotics in non-comorbid episodes	≤ 4%	'All Medicaid' percentile	90 <sup>th</sup> percentile	60 <sup>th</sup> percentile	N/A

<sup>1</sup> Spend thresholds for performance year 2019 are set based on CY2017 Ohio Medicaid claims data and adjusted for medical cost inflation

# All Medicaid PAP curve (used to set thresholds) – Attention Deficit Hyperactivity Disorder

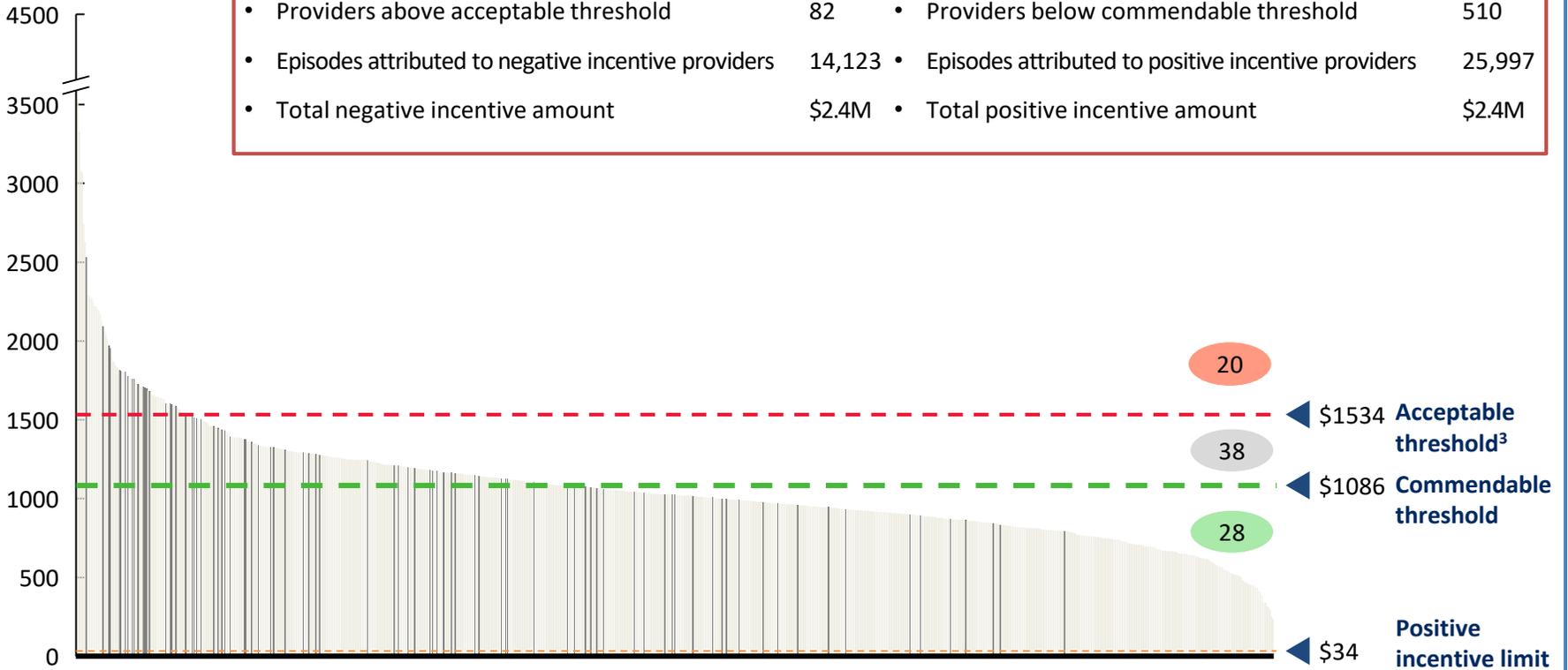
## Provider risk-adjusted cost distribution

PAP average episode cost

X # of High-volume PAPs by incentive status   Low volume   High volume<sup>1</sup>

Adj. avg cost/episode  
\$

'All Medicaid' summary statistics			
Negative incentive payments		Positive incentive payments <sup>2</sup>	
• Providers above acceptable threshold	82	• Providers below commendable threshold	510
• Episodes attributed to negative incentive providers	14,123	• Episodes attributed to positive incentive providers	25,997
• Total negative incentive amount	\$2.4M	• Total positive incentive amount	\$2.4M



1 Top 10% of providers by volume 2 Assumes all providers pass quality metrics tied to gain sharing

3 All thresholds and incentive limit have been adjusted for medical cost inflation