

# Medicaid quality metrics and spend thresholds for performance period 1, CY2020 – Femur/Pelvis Fracture

Quality metrics thresholds		Spend thresholds <sup>1</sup>			
Quality metric	Threshold	Acceptable	Commendable	Positive incentive limit	
QM1: Average Difference In (MED)/Day	<u>&lt; 12</u>	Value, \$	\$15,389	\$6,635	\$4,075
QM2: Follow-up Visit Rate (30 Days)	<u>TBD<sup>2</sup></u>	-----			
		'All Medicaid' percentile	80 <sup>th</sup> <sup>3</sup> percentile	N/A	N/A

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

2 Under Review by Medical Director

3 Due to the small sample size slightly lower than the 90<sup>th</sup> Percentile

# All Medicaid PAP curve (used to set thresholds) – Femur/Pelvis Fracture

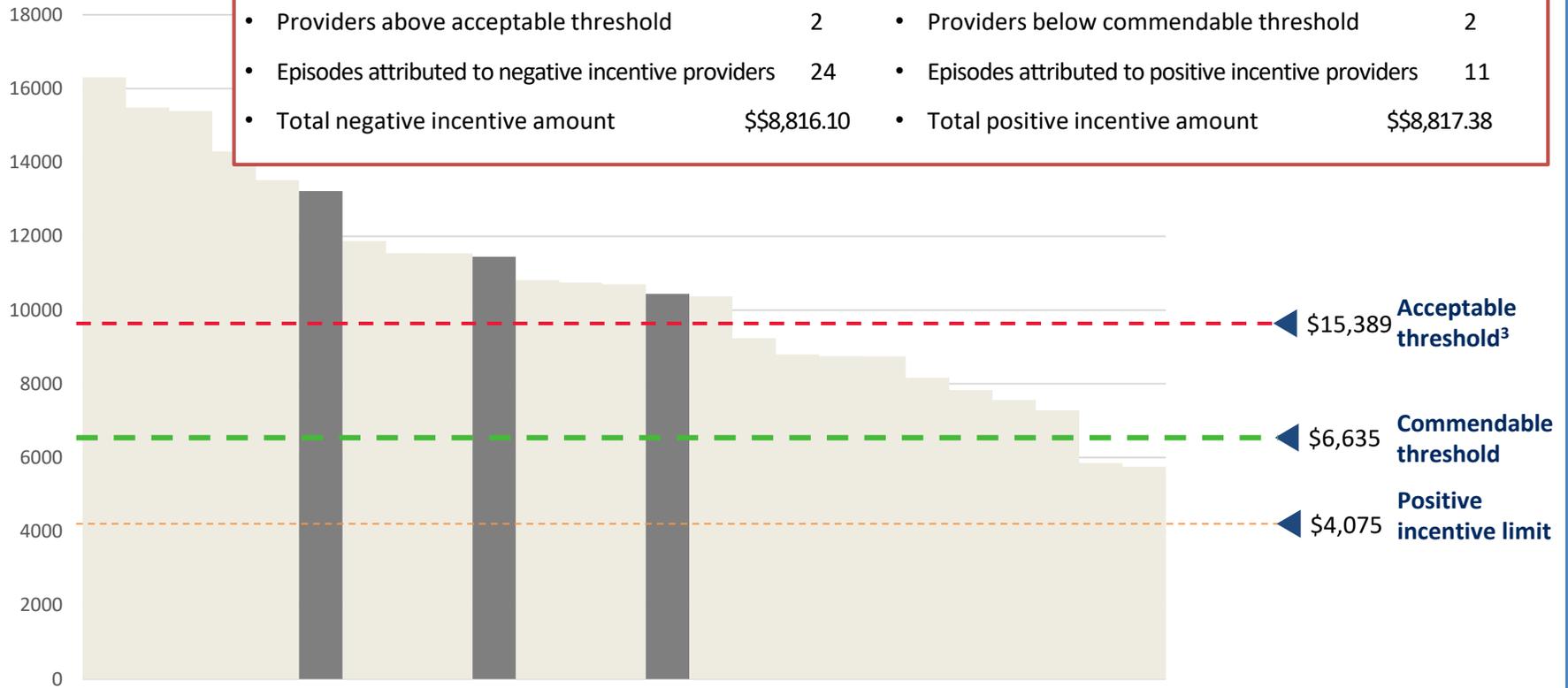
## Provider risk-adjusted cost distribution

PAP average episode cost

Low volume High volume<sup>1</sup>

Adj. avg cost/episode

\$



### 'All Medicaid' summary statistics

#### Negative incentive payments

- Providers above acceptable threshold 2
- Episodes attributed to negative incentive providers 24
- Total negative incentive amount \$8,816.10

#### Positive incentive payments<sup>2</sup>

- Providers below commendable threshold 2
- Episodes attributed to positive incentive providers 11
- Total positive incentive amount \$8,817.38

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