



Alternative Payment Model Quality Analysis: An APM Report Update

HOW DO QUALITY RESULTS COMPARE BETWEEN FULLY INSURED MEMBERS BASED ON PARTICIPATION ON ALTERNATIVE PAYMENT MODELS?

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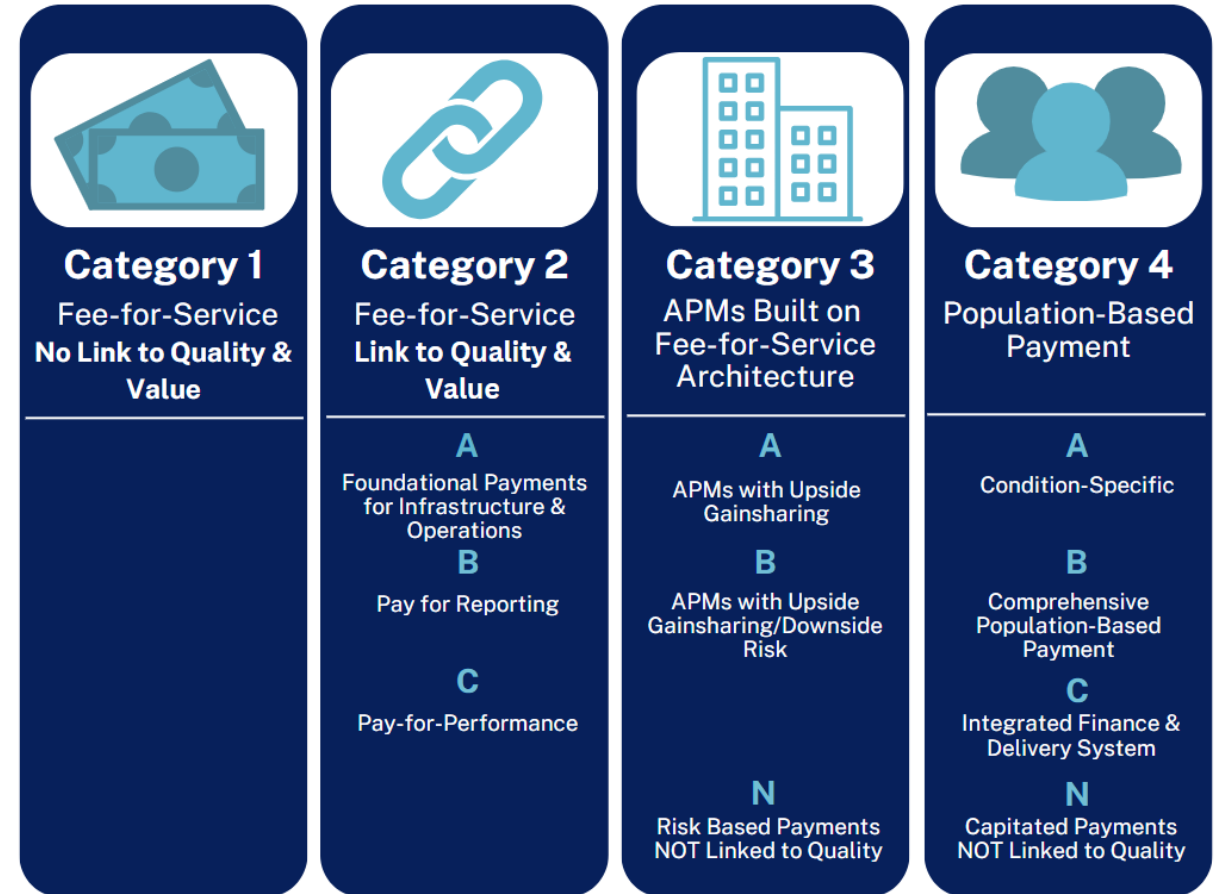
Background



In 2022, the Maryland legislature recognized the national movement toward APMs and the need for the commercial market to better align with the MD TCOC and MDPCP model.

Chapter 297 of 2022 Laws of Maryland and the Code of Maryland Regulations requires the Maryland Health Care Commission (MHCC), an independent regulatory agency, to collect data and report on APM arrangements.

Payers submitted data to assign non-FFS payments to HCP-LAN categories.





Quality Measures

- ▶ 7 certified HEDIS® quality measures were applied to the MCDB to represent 5 domains of care.
- ▶ Results were run on the full MCDB population for calendar year 2022, but in 2023 complete data were only available for the commercially insured population.

Domain	Measures
Prevention & Screening	<ul style="list-style-type: none">• Breast Cancer Screening
Diabetes	<ul style="list-style-type: none">• Eye Exam for Patients with Diabetes
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness <ul style="list-style-type: none">• 7 days after 1st visit• 30 days after 1st visit
Overuse & Appropriateness	<ul style="list-style-type: none">• Risk of Continued Opioid Use - 15 Days of Prescription Opioids in a 30-Day Period
Utilization	<ul style="list-style-type: none">• Acute Hospital Utilization• Emergency Department Utilization



Quality Results by Payor Type (2022)

All payor results will be influenced by the relative share of each payor type. Members in commercial plans showed the highest quality results for each of the selected measures (denoted in blue).

Domain	Measure	All payors	Commercial	Medicaid	Medicare
Prevention & Screening	Breast Cancer Screening	54.7%	66.8%	42.2%	47.7%
Diabetes	Eye Exam for Patients with Diabetes	49.7%	54.1%	41.9%	50.2%
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness - 7 days after 1st visit	37.1%	44.8%	36.0%	31.4%
	Follow-Up After Emergency Department Visit for Mental Illness - 30 days after 1st visit	55.3%	60.2%	55.0%	49.3%
Overuse & Appropriateness	Risk of Continued Opioid Use - 15 Days of Prescription Opioids in a 30-Day Period (lower is better)	6.2%	6.2%		7.1%
Utilization	Acute Hospital Utilization (per 1,000 member years) (lower is better)	70.6	32.9		121.9
	Emergency Department Utilization (per 1,000 member years) (lower is better)	152.5	143.6		164.6

Quality Results All Commercially Insured (2022 to 2023)



- ▶ Among the commercially insured:
 - ▶ 2 measures stayed consistent or improved
 - ▶ 5 measures declined

Domain	Measure	2022	2023	Change
Prevention & Screening	Breast Cancer Screening	66.8%	68.2%	1.4
Diabetes	Eye Exam for Patients with Diabetes	54.1%	53.0%	1.1
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness - 7 days after 1st visit	44.8%	41.0%	3.8
	Follow-Up After Emergency Department Visit for Mental Illness - 30 days after 1st visit	60.2%	56.9%	3.3
Overuse & Appropriateness	Risk of Continued Opioid Use - 15 Days of Prescription Opioids in a 30-Day Period (lower is better)	6.2%	6.0%	- 0.2
Utilization	Acute Hospital Utilization (lower is better)	32.9	38.6	5.7
	Emergency Department Utilization (lower is better)	143.6	157.3	13.7

■ Improved by 1 or more unit
 ■ Declined by 1 or more unit

Fully Insured Population by APM Participation



- ▶ In 2022, 11% of the fully insured population was participating in an APM, which increased to 20% in 2023.
- ▶ Results over time for the APM population may be due, in part, to changes in the population and comparisons should therefore be made with caution.

Population	2022	2023
APM	60,981	105,765
Non-APM	486,797	430,710
Total	547,778	536,475



Summary of Fully Insured Results

- ▶ Members assigned to an APM performed better on 3 of the 7 measures
 - ▶ Breast Cancer Screening (BCS)
 - ▶ Follow-Up After Emergency Department Visit for Mental Illness - 30 Days After 1st Visit (FUM30A)
 - ▶ Follow-Up After Emergency Department Visit for Mental Illness - 7 Days After 1st Visit (FUM30A)
- ▶ Overall members assigned to an APM demonstrated improvement in measures associated with emergency department utilization

Fully Insured Commercial Results (Prevention & Screening; Diabetes)



Breast Cancer Screening rates were higher among members associated with an APM, a population that also showed improvement from 2022 to 2023. Both populations had consistent outcomes for eye exam for patients with diabetes, though the non-APM population showed significantly higher results than the APM population.

Measure	Population	2022	2023	Change
Breast Cancer Screening	APM	75.7%	77.6%	1.9
	Non-APM	72.3%	73.1%	+ 0.8
	Difference	APM better (+3.4)	APM better (+4.5)	
Eye Exam for Patients with Diabetes	APM	38.1%	38.2%	+ 0.1
	Non-APM	55.1%	55.9%	+ 0.8
	Difference	Non-APM better (+17.0)	Non-APM better (+17.7)	

■ Improved by 1 or more unit
 ■ Declined by 1 or more unit

Fully Insured Commercial Results (Behavioral Health)



These measures focus on follow-up after an emergency department (ED) visit associated with mental illness. Members associated with an APM were more likely to receive follow-up within 7 and 30 days of the visit. The 7-day follow-up measure improved among members associated with an APM compared with a small decline for those not associated with an APM.

Measure	Population	2022	2023	Change
Follow-Up After ED Visit for Mental Illness - 7 Days After 1st Visit	APM	63.4%	62.7%	- 0.7
	Non-APM	58.1%	57.6%	- 0.5
	Difference	APM better (+5.3)	APM better (+5.1)	
Follow-Up After ED Visit for Mental Illness - 30 Days After 1st Visit	APM	46.5%	49.3%	2.8
	Non-APM	41.7%	40.1%	1.6
	Difference	APM better (+4.8)	APM better (+9.2)	

■ Improved by 1 or more unit
 ■ Declined by 1 or more unit

Fully Insured Commercial Results

(Overuse & Appropriateness **Lower is Better**)



- ▶ This measure focuses on the supply of prescription (Rx) opioids for a certain period of time, in this case having access to 15 days of Rx opioids within a 30-day period. Members in APMs showed less favorable quality results in both years but also demonstrated more significant improvement in the measure over time.

Measure	Population	2022	2023	Change
Risk of Continued Opioid Use – 15 days of Rx opioids in a 30-day period	APM	8.0%	6.1%	1.9
	Non-APM	5.1%	4.2%	- 0.9
	<i>Difference</i>	<i>Non-APM better (-2.9)</i>	<i>Non-APM better (-1.9)</i>	

■ Improved by 1 or more unit
 ■ Declined by 1 or more unit

Fully Insured Commercial Results

(Utilization **Lower is Better**)



These measures focus on follow-up after an emergency department (ED) visit associated with mental illness. Members associated with an APM were more likely to receive follow-up within 7 and 30 days of the visit. The 7-day follow-up measure improved among members associated with an APM compared with a small decline for those not associated with an APM.

Measure	Population	2022	2023	Change
Acute Hospital Utilization	APM	31.0	31.1	+ 0.1
	Non-APM	23.8	23.6	- 0.2
	<i>Difference</i>	<i>Non-APM better (-7.2)</i>	<i>Non-APM better (-7.5)</i>	
Emergency Department Utilization	APM	141.0	134.8	6.2
	Non-APM	106.0	110.2	4.2
	<i>Difference</i>	<i>Non-APM better (-35.0)</i>	<i>Non-APM better (-24.6)</i>	

■ Improved by 1 or more unit
 ■ Declined by 1 or more unit

Adjusted Quality Measures for APM Participants



The population of APM participants changed between 2022 and 2023. To account for the some of those differences, age-gender factors were used to adjust the measures to make them more comparable over time.

Domain	Measure	2022	2023	Change
Prevention & Screening	Breast Cancer Screening	74.2%	77.2%	3.0
Diabetes	Eye Exam for Patients with Diabetes	37.5%	38.0%	+ 0.5
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness - 7 days after 1st visit	41.5%	53.0%	11.5
	Follow-Up After Emergency Department Visit for Mental Illness - 30 days after 1st visit	61.0%	54.7%	3.7
Overuse & Appropriateness	Risk of Continued Opioid Use - 15 Days of Prescription Opioids in a 30-Day Period (lower is better)	8.3%	5.9%	2.4
Utilization	Acute Hospital Utilization (lower is better)	32.8	31.5	1.3
	Emergency Department Utilization (lower is better)	138.6	134.3	4.3

■ Improved by 1 or more unit
 ■ Declined by 1 or more unit

Adjusted Quality Measures for APM Participants



APM populations generally performed similarly to the results reported by health plans. MD benchmarks represented the weighted results reported by both HMO and PPO plans.

Domain	Measure	2022		2023	
		APM population	MD Benchmark	APM population	MD Benchmark
Prevention & Screening	Breast Cancer Screening	74.2%	76.6%	77.2%	77.9%
Diabetes	Eye Exam for Patients with Diabetes	37.5%	52.3%	38.0%	51.7%
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness - 7 days after 1st visit	41.5%	51.5%	53.0%	48.3%
	Follow-Up After Emergency Department Visit for Mental Illness - 30 days after 1st visit	61.0%	65.7%	54.7%	69.4%
Overuse & Appropriateness	Risk of Continued Opioid Use - 15 Days of Prescription Opioids in a 30-Day Period (lower is better)	8.3%	2.8%	5.9%	2.6%
Utilization	Acute Hospital Utilization (lower is better)	32.8	29.1	31.5	29.7
	Emergency Department Utilization (lower is better)	138.6	126.5	134.3	134.8



End/Questions