



Pay for Performance Newsletter

September 2011

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New P4P Staff at IHA

IHA welcomes three new additions to the P4P program:

Cathleen Enriquez, Program Manager - Quality Measurement: manages the day-to-day operations of the P4P program related to quality measurement and P4P communications.

Gail Rusin, Program Manager - Efficiency: manages the day-to-day operations related to Appropriate Resource Use, Total Cost of Care, Value Based P4P, and CALINX.

Brian Goodness, Data Analyst: provides overall data management and analytical support for the P4P program.

For more information about the P4P staff, please visit the [About Us/Staff](#) section of the IHA Website.

Thank You and Best Wishes

IHA thanks and gives its best wishes to Yelena Yakunina, who provided support as a Senior Data Analyst since 2009. Yelena entered the Yale School of Management this fall to pursue an MBA.

P4P Timeline Highlights

[Public Comment Period Ends September 30](#)

The 2011 Public Comment period is from September 1 - September 30, 2011. The Public Comment period is an opportunity for stakeholders to review and comment on the proposed changes to the P4P program, including testing measures, measure additions, measure

deletions, and process and policy changes. The following were posted on September 1 for comment:

- [Public Comment Memo](#) summarizing all of the proposed changes on which IHA is seeking comment
- [Updated MY 2011 P4P Manual](#), including specifications for proposed MY 2011 testing measures, as well as coding updates
- [Summary of Proposed Changes for MY 2012](#)

Measurement Year (MY) 2011 Data Collection and Reporting

October 1-31, 2011 - Declaration of Intent: POs submit their declaration of how they intend to participate in the P4P program for MY 2011

November 30, 2011 - Final Manual: Final MY 2011 P4P Manual posted to NCQA and IHA Websites

November 30, 2011 - Auditors Guideline and NDC Lists: MY 2011 P4P Auditors Guideline and NDC lists posted to NCQA and IHA Websites

January 1, 2012 - Data Submission File Layouts: MY 2011 clinical data submission file layouts for POs and health plans posted to IHA Website

P4P Measurement Updates

Attention: P4P Codes Becoming Obsolete

A list of all P4P specification codes that will become obsolete is available on the IHA Website. Based on stakeholder feedback, notification of these codes would allow POs to anticipate and educate staff on upcoming code changes, and ensure up-to-date coding is used. Following NCQA standards, [obsolete codes](#) that have been deleted from the standardized code sets, are removed from the P4P measure specifications after the look-back period plus one additional year has been exhausted.

Changes to Current P4P Clinical Measures

Asthma Medication Ratio: P4P will modify the look-back period from one year to two years for the Asthma Medication Ratio measure for MY 2011. This change better reflects the appropriate selection criteria for persistent asthma and brings the P4P specifications into alignment with the new HEDIS Asthma Medication Ratio measure being proposed. This change was included in the September release of the MY 2011 P4P Manual.

Breast Cancer Screening: Effective MY 2012, two additional age bands will be collected: the 70-74 age band will be added to align with the revised US Preventive Services Task Force (USPSTF) recommendation, and the 40-49 age band will be resumed to align with HEDIS. The payment recommendation remains the same as for MY 2011: only the 50-69 age band, where the evidence is strongest.

Proposed MY 2011 Clinical Testing Measures

The following measures are proposed for testing for MY 2011. Specifications for these measures were posted for public comment in the [MY 2011 P4P Manual](#) on September 1.

Spirometry Testing for COPD (SPR): This HEDIS-based measure assesses the percentage of members 40 years of age and older during the measurement year with a new diagnosis of or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing (2 years before to 6 months after) to confirm the diagnosis.

Human Papillomavirus Vaccination for Adolescent Females (HPV): This HEDIS-based measure assesses the percentage of female adolescents who have received three doses of HPV vaccine by their 13th birthday. For P4P, it would be tested as a standalone measure as well as part of the existing adolescent immunization combination.

Medication Adherence - Proportion of Days Covered (PDC): This NQF-endorsed, non-HEDIS

measure is based on the work of the Pharmacy Quality Alliance (PQA) and assesses the percentage of members 18 years of age and older who meet the PDC threshold of 80% for select medications during the measurement period.

Meaningful Use of Health IT

Scoring for MY 2011 and MY 2012: For MY 2011, P4P transitioned from IT-Enabled Systemness to Meaningful Use of Health IT (MUHIT). MUHIT aligns with the CMS Measures of Meaningful Use. As part of the transition, for MY 2011, partial credit of up to 75% of possible points will be allowed for the P4P MUHIT domain for POs that can demonstrate the functionality required for the CMS Measures of Meaningful Use, but have not yet implemented ONC-ATCB certified EHR software. Effective MY 2012 and beyond, only ONC-ATCB certified software will be considered compliant with the P4P MUHIT criteria, and no MUHIT points will be awarded without an ONC-ATCB certified EHR.

Attestation and Audit Processes: For the MUHIT domain, submission of relevant numbers and attestation of accuracy will be the only required submission for each measure. NCQA will audit 5% of submissions for POs using ONC-ATCB certified software and 5% of submissions for POs using non-certified software. POs selected for audit will need to provide documentation to substantiate the numbers they submitted.

Total Cost of Care Results Coming Soon!

Five P4P health plans (Aetna, Blue Shield, Cigna, Health Net, and United) submitted Total Cost of Care (TCC) data for 2008, 2009, and 2010 for all of their contracted POs that have signed the P4P Consent to Disclosure Agreement. Risk adjusted TCC results have been calculated by Thomson Reuters, IHA's contracted data aggregator for resource use measures. Aggregate level results were reviewed by the P4P Technical Efficiency Committee, and participating health plans are in the process of validating the PO-level results.

IHA expects to distribute TCC testing results for 2008, 2009, and 2010 to POs in early October 2011. Assuming TCC testing proceeds smoothly, for MY 2011, baseline TCC performance will be measured and distributed to POs and health plans. At that time, both plan-specific and aggregated results, as well as statewide benchmarks, will be shared with POs and plans.

See [IHA Issue Brief on Measuring Total Cost of Care](#).

Medicare Advantage Measurement to Align with CMS Star Ratings

The P4P Steering Committee gave approval for IHA to pursue PO-level performance measurement and reporting of the Star Rating measures for the Medicare Advantage population. Aggregated results will potentially be used for public reporting, quality improvement, incentive payments, and public recognition awards.

For MY 2011, IHA expects to collect and aggregate data across health plans for the eight HEDIS measures currently collected voluntarily from self-reporting POs, and to test six additional measures for adoption in the MY 2012 measure set. Specifications for these measures are in the [MY 2011 P4P Manual](#) posted on the IHA website.

IHA is also assessing the benefit of administering PO-level CAHPS and HOS surveys focused specifically on the Medicare Advantage population, which would result in another twelve Star Rating measures. The surveys would likely be sampled and fielded in the Fall, in compliance with CMS regulations for fielding Medicare Advantage surveys.

P4P Payment Updates

Advanced Notice of Payment Methodology

The [Advanced Notice of MY 2011 Payment Methodology](#) is available on the IHA website. The Advanced Notice is notification to P4P stakeholders of each health plan's intended P4P budget and payment methodology.

Value Based P4P

The transformation of the California P4P program is underway! This transformation is intended

to promote accountability for cost and quality. Value Based P4P (formerly referred to as Performance Based Contracting) was introduced at the P4P Stakeholders Meeting on September 22. It is intended that effective MY 2013, performance incentives will be determined by Value Based P4P, a quality-adjusted shared savings incentive program based on performance on both total cost and quality of care. For more information, see [IHA Issue Brief on Value Based P4P](#).

P4P Public Reporting Updates

OPA Report Card

The following changes will be made to the Office of the Patient Advocate (OPA) methodology for MY 2010 PO report card:

- Discontinue the removal of low-score outliers. An exception will be made for Blood Pressure Control for People with Diabetes (see below).
- Replace Childhood Immunization MMR-VZV with a combination rate of the seven current antigens.
- Add Adolescent Immunization combination rate of Tdap/TD and meningococcal.
- Add Asthma Medication Ratio measure, as specified for MY 2010.
- Add Blood Pressure Control for People with Diabetes <140/90. POs will receive the following designations on the OPA report card:
 - Score of 0 will be reported as "Not Willing to Report"
 - Scores of less than 35 but more than 0 will be reported as "No Report Due to Incomplete Data"
 - For Scores of 35 or above, the actual score will be reported
- Optimal Diabetes Care measure - The P4P Committees strongly recommend publicly reporting the results of the Optimal Diabetes Care measure; however, OPA has not yet made a final decision on whether or how to report this measure.
- Remove HbA1c Poor Control >9% measure, since it was inverted for the report card and therefore redundant with HbA1c <8%.

P4P Public Recognition Updates

Top Performer Awards Formula

A new formula has been approved by the P4P Steering Committee for the Top Performer public recognition award. The revised methodology does not restrict award winners to the top 20% of physician organizations in P4P. Instead, it establishes a Top Performer Threshold based on a composite of the previous year's 75th percentile scores across all P4P quality measures and domains. Any PO whose overall performance composite meets the Top Performer Threshold will be designated as a P4P Top Performer.

The following additional criterion for Top Performer designation has also been approved by the P4P Steering Committee. Effective for MY 2012, a Top Performer designation will only go to POs meeting or exceeding the 25th percentile score from the previous measurement year for each individual measure.

P4P Award Winners Announced

The top performing physician organizations and most improved physician organizations for MY 2010 were announced and recognized at the P4P Stakeholders Meeting on September 22. [Award winners](#) are listed on the IHA website.

Announcements

10th Annual P4P Stakeholders Meeting

All presentations are available on the [IHA Website](#), including General Session presentations, Breakout Session presentations, and a special 10th Anniversary video. Thanks to everyone who contributed to make the meeting successful!

[Accountable Care Organization Congress](#)

The second annual Accountable Care Organization Congress, sponsored by CAPG and IHA, will be held on November 1-3, 2011 in Los Angeles, CA. Please visit the [ACO Congress](#) website for additional information.

P4P Contact Information

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