



## *Pay for Performance Newsletter*

*January 2012*

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## **P4P Timeline Highlights**

### **Measurement Year 2011 Data Collection and Reporting Timeline**

#### **Quality (Clinical, Meaningful Use of Health IT, and Patient Experience)**

**February 2 - March 5, 2012 - Meaningful Use of Health IT:** Online tool and corresponding documentation must be completed.

**February 17, 2012 - Q1-Q4 Encounter Data:** POs that use DDD as the encounter data

intermediary must submit all remaining Q4 2011 encounter data to DDD.

**March 23 - May 2, 2012 - Data Layout Test Files:** Self-reporting POs and health plans submit auditor-locked P4P clinical results.

**May 4, 2012 - Submission Files to Auditors:** Self-reporting POs and health plans send submission files to auditors.

**May 11, 2012 - Auditor-Locked P4P Results:** Self-reporting POs and health plans submit auditor-locked P4P clinical results.

#### Appropriate Resource Use

**April 27, 2012 - Appropriate Resource Use Data Submission:** Health plans submit claims, encounter and eligibility data to Thomson Reuters.

#### Total Cost of Care

**August 1, 2012 - Total Cost of Care Data Submission:** Health plans submit lump sum payment amount for each contracted PO with a signed Consent to Disclosure Agreement.

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## P4P Measurement Updates

### Total Cost of Care Results Now Available

Total Cost of Care testing results, based on data from four health plans for 2008, 2009, and 2010, were distributed to physician organizations (PO) on November 11. POs can download their results from NCQA's P4P Web portal.

Based on the testing results, the P4P Steering Committee approved use of the MY 2011 Total Cost of Care results as the baseline for future measurement cycles. A Value Based P4P Technical Design Team consisting of health plan representatives and IHA staff has been tasked with creating a recommended incentive design which integrates Total Cost of Care performance with Quality performance.

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## Measurement Year 2011

### Final MY 2011 Measure Set Now Available

The final list of [P4P measures for MY 2011](#) are posted on the IHA Web site. Changes include:

**Clinical Quality** The **Encounter Rate by Service Type (ENRST)** has changed from 4.00 to 4.25 PMPY.

**Domain weightings** have changed to: Clinical-50%, Meaningful Use of Health IT-30%,

and Patient Experience-20%.

**Breast Cancer Screening (BCS):** P4P will collect this measure for women ages 50 - 69 years of age; this differs from HEDIS, which collects the measure for women ages 40 - 69 years of age.

**Asthma Medication Ratio (AMR):** Both the look-back period and continuous enrollment period are now two years.

#### **Meaningful Use of Health IT (MUHIT):**

IT-Enabled Systemness domain has been replaced by the Meaningful Use of Health IT domain which aligns with the measures in the CMS EHR Incentive Program. For MY 2011 only, POs will receive partial credit for PCPs that satisfy the measure using non-certified software. After MY 2011, credit will only be awarded to organizations using certified software. The following two population health-related measures from the CMS Menu Set are also required for full credit:

*Measure 16: Generate patient lists by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.*

*Measure 17: Send patient reminders per patient preference for preventive/follow-up care.*

**Patient Experience:** *Getting an Appointment with a Specialist* and *Rating of Specialist* were removed. *Doctor-Patient Interaction Composites* and *Timely Care and Service Composites* will be collected and reported separately for PCPs and Specialists.

**Appropriate Resource Use Total Cost of Care (TCC):** The Total Cost of Care measure is a new measure in the Appropriate Resource Use domain for MY 2011.

#### **Final MY 2011 P4P Manual Released**

The final [MY 2011 P4P Manual](#) was posted on the IHA Web site on December 1, 2011. Specifications for the MY 2011 measurement cycle are frozen with the release of this manual.

#### **Audit Manual and Roadmap Available**

The MY 2011 P4P [Audit Review Guidelines](#) and [Roadmap](#) for POs are posted on the NCQA and IHA Web sites.

#### **NDC Lists Available**

The [NDC lists](#) for HEDIS measures and the Pharmacy Quality Alliance (PQA) measure Proportion of Days Covered by Medication, with cross-walk to the P4P measures, have been posted to the NCQA and IHA Web sites.

## Data Submission File Layouts Available

The P4P MY 2011 Data Submission File Layouts for Health Plans and Physician Organizations are now available on the IHA Web site.

The first and last days for Self-Reporting POs and Health Plans to submit their MY 2011 TEST files to DDD are March 23, 2012 and May 2, 2012, respectively. The last day to send the final, DDD-approved submission file to your auditor is May 4, 2012, and the final deadline for DDD to receive your final, auditor-locked file is May 11, 2012.

There are separate file submission layouts for Health Plans and Self-Reporting Physician Organizations, and for Clinical and Testing Measures.

Health Plans:

[MY 2011 Health Plan Clinical Measure File Layout](#)

[MY 2011 Health Plan Testing Measure File Layout](#)

Physician Organizations:

[MY 2011 Physician Organization Clinical Measure File Layout](#)

[MY 2011 Physician Organization Testing Measure File Layout](#)

## Frequently Asked Questions (FAQs)

A list of [Frequently Asked Questions](#) related to MY 2011 is available on the IHA Web site. The FAQs provide responses and clarification on measure specifications based on inquiries received by P4P and NCQA staff.

## MY 2011 Clinical Testing Measures Approved

The P4P Steering Committee approved the following clinical measures for testing in 2012, using MY 2011 data.

1. Proportion of Days Covered by Medications (PDC): This NQF-endorsed, non-HEDIS measure 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. P4P will collect and report this testing measure for three separate medication categories: Angiotensin-Converting Enzyme Inhibitor/Angiotensin-Receptor Blocker (ACEI/ARB), Statins, and Oral Diabetes Medications (Biguanides, Sulfonylureas, Thiazolidinediones, DiPeptidyl Peptidase (DPP)-IV Inhibitors).
2. Human Papillomavirus 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. P4P is in alignment with HEDIS, collecting and reporting this as a standalone measure.

## MY 2011 Appropriate Resource Use Testing Measures Approved

The P4P Steering Committee approved the testing of a number of high cost, high volume musculoskeletal and cardiovascular procedures included in the HEDIS Frequency of Selected Procedures (FSP) measure: back surgery, total hip replacement, total knee replacement, bariatric weight loss surgery, percutaneous coronary intervention (PCI), cardiac catheterization, coronary artery bypass graft (CAGB), and carotid endarterectomy. A number of studies have found significant variation in the utilization of these procedures. Thomson Reuters will run and analyze the results using health plan data submitted for ARU measurement, and will incorporate risk adjustment for age and gender.

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## Measurement Year 2012

### Approved MY 2012 Measure Set

The list of [MY 2012 measures](#) that were approved at the November P4P Steering Committee meeting is posted on the IHA Web site. The list of approved measures includes all of the MY 2011 testing measures, which are expected to become part of the MY 2012 measure set as long as no significant issues arise during testing.

### Draft MY 2012 Manual Available

A [draft version of the P4P MY 2012 Manual](#) was posted on the IHA Web site on December 29, 2011. This manual includes all of the MY 2011 testing measures, whose adoption into the MY 2012 P4P Measures Set are contingent on successful testing during the spring and summer of 2012. The MY 2012 manual will be updated in September 2012, and finalized and frozen at the end of November 2012.

### MY 2012 Policy Change - Removal of Encounter Rate Threshold

The P4P Steering Committee approved removal of the encounter rate threshold as a clinical reporting requirement, effective MY 2012. The committee agreed that as the health care industry moves towards increased coordination of care and new modes of delivery and communication (including phone, email, and team care) that are not generally captured by conventional encounter data, the continued use of encounter rate may not be relevant or appropriate for the future health care delivery environment. Although the encounter rate threshold will not be a clinical reporting requirement, it will still be collected and health plans may continue to use it for eligibility for incentive payment.

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## Public Comment Responses Available

The P4P 2011 Public Comment period was open from September 1-30, 2011. A total of 82 comments were submitted, related to changes to P4P Quality and Appropriate Resource Use measures and policies. Each comment was reviewed by P4P staff and the appropriate P4P committees. A [list of the comments received and actions taken](#) are posted on the IHA Web site.

## P4P Payment Updates

### MY 2010 Transparency Report on Health Plan Payouts

The [MY 2010 Transparency Report on Health Plan Payouts](#) is now available on the IHA Web site. The Transparency Report provides information on each health plan's actual P4P payment amount and payment methodology for Measurement Year 2010.

### MY 2011 and MY 2012 Advanced Notice of Intended Health Plan Payouts

While the Transparency Report provides stakeholders information about payouts already made by health plans, the Advanced Notice Reports provide information in advance about each health plan's P4P budget, expected total payout, and intended payment methodology. An updated version of the MY 2011 Advanced Notice Report will be posted on the IHA Web site in January 2012, and an initial version of the MY 2012 Advanced Notice Report is expected to be posted by the end of the first quarter of 2012.

## Public Reporting Update

### Physician Group Clinical Care Report Card for Medicare Advantage Available

IHA collects results for ten clinical quality measures from self-reporting POs for the Medicare Advantage population and calculates an overall composite score. Results for MY 2010 are available publicly in the [Physician Group Clinical Care Report Card for Medicare Advantage](#).

### Physician Group Report Card for Commercial HMO/POS

The P4P results for MY 2010 for the Commercial HMO/POS population are expected to be released by the Office of the Patient Advocate by the end of the first quarter 2012.

## Announcements

### Meaningful Use of Health IT (MUHIT) - NCQA Training Webinars

NCQA will be hosting training webinars on the MUHIT survey submission tool on February 1, 2012 from 2:00 pm-3:00 pm and February 2, 2012 from 10:00 am-11:00 am. Event details are available at the following links:

[February 1, 2012, 2:00 pm PT](#)

[February 2, 2012, 10:00 am PT](#)

## P4P Program Updates Audio Broadcast

An audio broadcast to review recently approved changes to the P4P measure set, and to share status updates on other P4P work, will be offered on February 8, 2012 from 10:15 am-11:45 am and February 13, 2012 from 12:15 pm-1:45 pm. To register, visit the following links:

[February 8, 2012, 10:15 am PT](#)

[February 13, 2012, 12:15 pm PT](#)

## Save the Date: 2012 P4P National Summit

The National P4P Summit will be held in Los Angeles on March 19-21, 2012. To register, visit <http://www.pfpsummit.com/>.

## Save the Date: 2012 California P4P Stakeholders Meeting

Mark your calendar for the P4P Stakeholders Meeting, specific to the California P4P program, which will be held on September 20, 2012 in Los Angeles. More information is to come.

[Presentations](#) from the 2011 Stakeholders Meeting, as well as [lists of Top Performer and Most Improved award winners](#), can be downloaded from the IHA website.

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