Value Based P4P Preliminary Quality Results

Integrated Healthcare Association
May 26, 2017
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Objective & Agenda

**Objective:**
Provide an overview of measurement year 2016 (MY 2016) preliminary quality results.

**Agenda:**
- MY 2016 Timeline and Highlights
- Clinical Quality & Patient Experience Highlights
- Accessing & Evaluating Your Results
- Questions & Appeals Process
- Q & A – submit your questions through webex chat.

**Note:** Today’s session will be recorded and posted on iha.org for reference.
# MY 2016 Results Release Dates

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary Quality Results</td>
<td>May 25, 2017</td>
</tr>
<tr>
<td>Quality Questions and Appeals Period</td>
<td>May 25 - June 15, 2017</td>
</tr>
<tr>
<td>Final Quality Results</td>
<td>July 13, 2017</td>
</tr>
<tr>
<td>Preliminary ARU &amp; TCC Results</td>
<td>June 29, 2017</td>
</tr>
<tr>
<td>ARU &amp; TCC Review Period</td>
<td>June 29 – July 20, 2017</td>
</tr>
<tr>
<td>Final ARU &amp; TCC Results</td>
<td>August 17, 2017</td>
</tr>
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</table>

*Full timeline available in the [MY 2016 VBP4P Manual](#)*
Commercial Value Based P4P Quality Results
About your preliminary reports:

- Include results for all measures in clinical quality, patient experience, and Advancing Care Information (formerly MUHIT) domains

- Based on data from self-reporting POs and 9 participating health plans:

  - Aetna
  - Anthem Blue Cross
  - Blue Shield of California
  - Cigna Health Care of California
  - Health Net
  - Kaiser Permanente
  - Sharp Health Plan
  - UnitedHealthcare
  - Western Health Advantage
MY 2016 Value Based P4P Measure Set

**Clinical (60%)**
- Process and outcomes measures focused on six priority clinical areas
  - Cardiovascular (5)
  - Diabetes (8)
  - Musculoskeletal (1)
  - Prevention (10)
  - Respiratory (4)

**Patient Experience (30%)**
- Patient ratings of five components, including care overall:
  - Communicating with Patients
  - Coordinating Care
  - Helpful Office Staff
  - Overall Rating of Care
  - Timely Care and Service

**Advancing Care Information (10%)**
- Ability to report selected e-measures (2)

**Appropriate Resource Use**

**Total Cost of Care**
MY 2016 Measure Set Highlights

• **3 new paid and publicly reported measures**
  - Cervical Cancer Screening
  - Cervical Cancer Overscreening
  - Childhood Immunization Status, Combo 10

• **3 baseline measures** – will be paid and publicly reported in MY 2017
  - Statin Therapy for Patients with Cardiovascular Disease
  - Statin Therapy for Patients with Diabetes
  - Immunizations for Adolescents **Combination 2**

• **Meaningful Use of Health IT ➔ Advancing Care Information**
  - Contains two e-measures
  - Retired CMS EHR incentive measure

• **Updated PAS Composites**

[Measurement Year 2016 Measure Set]
CHPI has transitioned the Patient Assessment Survey tool to align with CG-CAHPS version 3.0. Changes include modified composite measures used in VBP4P:

<table>
<thead>
<tr>
<th>Category</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Communication</td>
<td>• Name change</td>
</tr>
<tr>
<td>(formerly Doctor-Patient Interaction)</td>
<td>• dropped one question and moved one question to coordination of care</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>• includes one entirely new question as well as the question moved from the DPI composite</td>
</tr>
<tr>
<td>Access</td>
<td>• Name change</td>
</tr>
<tr>
<td>(formerly Timely Care and Service)</td>
<td>• dropped two questions</td>
</tr>
<tr>
<td>Office Staff</td>
<td>• unchanged</td>
</tr>
<tr>
<td>Overall Rating of Care</td>
<td>• unchanged</td>
</tr>
</tbody>
</table>
Reviewing Patient Experience Results

One new version of composites that were updated in MY 2016 are reflected in your MY 2015 results. The updated version is reflected in your MY 2016 results.

<table>
<thead>
<tr>
<th></th>
<th>MY 2015</th>
<th>MY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Communication</td>
<td>• MDINTERACT</td>
<td>• MDINTERACT3</td>
</tr>
<tr>
<td></td>
<td>• MDINTERACT3</td>
<td></td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>• COORDINATE</td>
<td>• COORDINATE3</td>
</tr>
<tr>
<td></td>
<td>• COORDINATE3</td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>• ACCESS</td>
<td>• ACCESS3</td>
</tr>
<tr>
<td></td>
<td>• ACCESS3</td>
<td></td>
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</tbody>
</table>
Average physician organization performance improved from MY 2015 to 2016 by more than 1 percentage point on 11 of the 24 clinical quality measures recommended for payments.
Medicare Advantage
Results include data for 13 clinical quality measures reported by self-reporting POs & participating health plans:

- Blue Shield of California
- Health Net
- Kaiser Permanente
- SCAN Health Plan
- United Healthcare
MY 2016 Medicare Advantage Stars Measure Set

The IHA measure set for Medicare Advantage aligns with CMS measure set and strives for as much alignment between commercial and Medicare measurement as possible. Measures collected for both commercial and Medicare are denoted with an asterisk (*) below:

**Cardiovascular**
- Proportion of Days Covered: RAS Antagonists*
- Proportion of Days Covered: Statins*

**Diabetes Care**
- HbA1c Poor Control >9%*
- Medical Attention for Nephropathy*
- Eye Exam
- Proportion of Days Covered: Oral Diabetes Medications*

**Musculoskeletal**
- Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Osteoporosis Management in Women Who Had a Fracture

**Prevention**
- Adult BMI Assessment
- Breast Cancer Screening*
- Colorectal Cancer Screening*
- High Risk Medication (information only)

**Appropriate Resource Use**
- All-Cause Readmissions* (included in preliminary ARU/TCC reports to be released June 29)

**Data Quality**
- Encounter Rate by Service Type* (information only)
Use of Medicare Advantage Results

**RECOGNITION**
- 5 Star Physician Organizations
- 4.5 Star Physician Organizations
- Most Improved Physician Organizations

**PUBLIC REPORTING**
- Office of the Patient Advocate’s 2017-2018 Medicare Advantage Medical Group Report Card launching in early 2018
Accessing Your Results: Value Based P4P Reporting Portal
The VBP4P Reporting Portal is the platform used for distributing VBP4P quality, resource use, and total cost of care results to participating physician organizations and health plans.

Participants can access the Reporting Portal directly at https://analytics.iha.org or log in to https://www.iha.org and click “Member Resources” and “VBP4P Reporting Portal”.

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• **Reports:** Quality Composite Score and Performance Summary
• **Measures:** measure specific performance data
• **Downloads:** all VBP4P and Medicare Advantage data available for your PO and MY 2016 Thresholds
Only contacts associated with a physician organization or health plan can view that organization’s VBP4P results on the Reporting Portal. To receive access to your organization’s results:

- Sign up for an account on the Reporting Portal. Make sure you fully complete the registration process.
- Request to be added as a contact by an existing contact. Need to know who is already a contact at your organization? Email p4p@iha.org.

The existing contact then needs to add you as a contact:

- Existing Contact logs in to the VBP4P Reporting Portal
- Click "Contacts" on the top navigation bar
- Click the "Add Contacts" button
- Search for New Contact by email and click "Add"

- Reporting Portal contacts are automatically subscribed to the Value Based P4P newsletter, which includes upcoming deadlines, program updates, and other important VBP4P information.
Reviewing Your Results: Clinical Quality, Patient Experience, & Advancing Care Information
Reviewing Your Results

The “Downloads” tab contains .csv downloadable files for easy analyses of results for your PO and the health plans you contracted with in MY 2016.

- **Quality Composite Score** .csv download
  - Points earned for paid measures only (24 clinical quality, 5 patient experience measures, & 2 e-measures)

- **Quality Results** .csv download
  - Results for all Clinical Quality, Advancing Care Information, and Patient Experience (PAS) measures
  - Includes higher rate (either health plan-aggregate or PO self-reported results) for all measures

- **Unaggregated Results** .csv download
  - Results for all Clinical Quality, Advancing Care Information, and Patient Experience (PAS) measures
  - Includes all rates submitted by contracted health plans for your PO, or your PO’s self-reported results for all measures

- **MY 2016 Thresholds** .csv download
  - VBP4P summary statistics (N, average & standard deviation) and percentiles for POs across California by measure, domain, and product line
  - 2 versions available: one that includes, and one that excludes the 28 Kaiser Permanente locations.
Reviewing Your Results

Data Completeness

• Did your PO self report this year? Are the self-reported data you submitted included in your results?

• Do your results include data from all participating plans you contracted with in MY 2016?

• If you participated in the Patient Assessment Survey, do you have PAS results? Do your MY 2016 VBP4P results in the PAS domain match your PAS reports provided by CHPI?

• For each e-Measure, did your PO report two rates for the measure?
  • Rate 1: Percent of providers who can report a rate (used for scoring)
  • Rate 2: Aggregated rate across your PO (information only)
Understand Your Quality Composite Score

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- Process and outcomes measures focused on six priority clinical areas
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  - Access
  - Helpful Office Staff
  - Overall Rating of Care

**Advancing Care Information (10%)**
- Ability to report selected e-measures (2)
- CMS EHR Incentive Measure

**SPM Methodology (Quality Composite Score Calculation)**
Update: Quality Gate & Multiplier

Quality Composite Score Adjustment

1.35 Quality Multiplier (Max Threshold: QCS 75)

1.34 Quality Multiplier (Max threshold: 90th percentile)

0.65 Quality Multiplier (Gate: QCS 10)

0.65 Quality Multiplier (Quality Gate: at or above 10th percentile)

MY 2015 Final Results

MY 2016 Forecast Results
Update: Quality Gate & Multiplier

- Quality Gate: current year Quality Composite Score at or above the 10th percentile (MY 2016 Thresholds->SPM Tab)

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<thead>
<tr>
<th></th>
<th>MY 2015</th>
<th>MY 2016</th>
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<tbody>
<tr>
<td>Quality Gate</td>
<td>10 points</td>
<td>At or above 10th percentile = 6 points</td>
</tr>
<tr>
<td>Minimum Quality Multiplier of 0.65</td>
<td>10 points</td>
<td>10th percentile = 6 points</td>
</tr>
<tr>
<td>(PO share of savings = 32.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Quality Multiplier of 1.35</td>
<td>75 points</td>
<td>90th percentile = 49</td>
</tr>
<tr>
<td>(PO share of savings = 67.5%)</td>
<td></td>
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</tbody>
</table>
Use of Quality Results

**PAYMENT**
- Health plan incentive payments based on IHA results

**RECOGNITION**
- Excellence in Healthcare Award and Bangasser Memorial Award for Quality Improvement

**PUBLIC REPORTING**
- Office of the Patient Advocate’s 2017-2018 Report Card launching in Fall 2017
Questions & Appeals Period: May 25 – June 15
Question & Appeals Period: May 25 – June 15

- 21 day review period allows for validation of VBP4P results through PO review, requests for clarification and/or corrections to results via appeal.

- Throughout this period, NCQA staff will work with health plans, CHPI, and auditors to answer POs’ questions about results provided in these reports.

- Submit questions or appeals no later than 5 p.m. PST June 15, 2017; after this date IHA will conclude that you reviewed your preliminary quality results and determined your data to be issue-free.
Submitting Questions and Appeals

- To submit requests for additional information or changes, please download and complete the Quality Results Questions and Appeals Form and send to p4p@ncqa.org, beginning with "Appeals" in the subject line.
- For instructions, see the Quality Appeals Process.
Tips for a Successful Appeal

• Start review early and ask questions

• When submitting an appeal, provide **as much documentation as possible** to help substantiate that there is a mistake, not just a data inconsistency
  - Ex: POs often have better rates than health plans for measures including supplemental data (like blood pressure control). Identifying this difference will not result in a successful appeal. POs must provide evidence that supplemental data was successfully shared with a contracted health plan, and the plan failed to include the data in rate calculation.

• If you’re still not sure... ask more questions!
  • Send questions to p4p@ncqa.org

**Do not send VBP4P or NCQA staff any Protected Health Information!**
Appeals Panel

• 7 member panel with 1 at-large, 3 PO, and 3 health plan representatives

Appeals Hearing

• June 29, 2017
• Appeals panel reviews and adjudicates submitted appeals

Post-Appeals Hearing

• Appeals decisions communicated back to POs who submitted appeal
• Resubmission (if needed) of auditor-locked quality results by July 6
• Quality results finalized July 13
# Question & Appeals Period: May 25 – June 15

<table>
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<th>Key Dates</th>
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<tr>
<td>Preliminary Quality Reports released to POs</td>
<td>May 25, 2017</td>
</tr>
<tr>
<td>POs review their Quality results and submit Request for Quality Results Questions and Appeals Form if necessary</td>
<td>May 25 – June 15, 2017</td>
</tr>
<tr>
<td>Quality Appeals hearing</td>
<td>June 29, 2017</td>
</tr>
<tr>
<td>Quality Appeals decisions communicated to POs</td>
<td>June 29 – July 5, 2017</td>
</tr>
<tr>
<td>Final Quality Reports released</td>
<td>July 13, 2017</td>
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**POs:**
- Review preliminary quality results
- Submit questions or appeals using the appeals form

**Get your questions in early!**
Key Value Based P4P Program Dates

• **6/15** Quality Questions & Appeals Deadline
• **6/29** Preliminary Appropriate Resource Use Results Released
• **9/1-10/1** 2017 Public Comment including:
  • Draft MY 2017 manual and measure specifications
  • Proposed MY 2018 measure set
• **9/19** IHA Stakeholders Meeting @ Hilton LAX
Physician organizations receive two complimentary registrations, so mark your calendars!

This year's program will include:

• Important updates on Value Based P4P
• Six breakout sessions on a variety of topics, including performance improvement, reducing overuse, and more
• 2017 Excellence in Healthcare and Bangasser Most Improved awards ceremony

Agendas and registration information forthcoming
Program Resources

Value Based P4P Program

• MY 2016 VBP4P Manual & FAQs
• MY 2016 Measure Set
• Quality Composite Score Calculation
• Value Based P4P Newsletters
• Value Based P4P Webinars
  • MY 2016 – 2017 Program Updates

Medicare Advantage Program

• Medicare Advantage Stars Fact Sheet
• Medicare Advantage Stars Methodology
Program Questions: p4p@iha.org
Results Questions & Appeals: p4p@ncqa.org