Value Based P4P Preliminary Quality Results for Health Plans

Integrated Healthcare Association
May 26, 2017
Thien Nguyen, Senior Project Analyst
Lindsay Erickson, Director
Ginamarie Gianandrea, Senior Program Coordinator
Objective & Agenda

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

Agenda:
• MY 2016 Timeline
• Clinical Quality & Patient Experience Highlights
• Accessing & Evaluating Your Results
• The Appeals Process
• Questions

Note: Today’s session will be recorded. Slides will be posted on IHA.org for reference.
## MY 2016 Report Release Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary Quality Reports</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 Reports</td>
<td>July 13, 2017</td>
</tr>
<tr>
<td>Preliminary ARU &amp; TCC Reports</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 Reports</td>
<td>August 17, 2017</td>
</tr>
</tbody>
</table>

We are here!

*Full timeline available in the [MY 2016 VBP4P Manual](#)*
## MY 2016 Health Plan Participation

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Commercial</th>
<th>Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Blue Shield of California</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cigna Health Care of California</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>HealthNet</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>SCAN Health Plan</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Sharp Health Plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthCare</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Western Health Advantage</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Commercial Clinical Quality & Patient Experience Highlights
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)

**SOURCE**

Self-reporting POs and health plans

CHPI’s Patient Assessment Survey

PO reported

**Appropriate Resource Use**

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

- **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**

- **No testing measures**

- **Advancing Care Information (formerly Meaningful Use of Health IT)**
  - Contains two e-measures

[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>Composite Measure</th>
<th>Update</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>
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>
</tr>
</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
Medicare Advantage
CMS publicly reports clinical quality and patient experience using a 5-star rating system for Medicare Advantage health plans.

CMS pays bonuses of up to 5% to MA health plans with at least 4 stars.

- **2003**: IHA measures PO quality performance for commercial HMO/POS.
- **2008**: IHA, using a subset of CMS measures for MA plans, measures star ratings for California POs.
- **2011**: IHA partners with the California Office of the Patient Advocate to publicly report PO Medicare Advantage star ratings.
- **2012**:
- **2016**:

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Medicare Advantage Health Plans Results

- Results include data for 13 clinical quality measures reported by self-reporting POs and participating health plans:
  - Blue Shield of California
  - HealthNet
  - Kaiser Permanente
  - SCAN Health Plan
  - UnitedHealthcare
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 Reports
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”.

![Integrated Healthcare Association Logo](image)

**Member Resources**

Logged in via SSO as gpt/amandrea.

View | Edit | Revisions | Devel
---|---|---|---

**VBP4P REPORTING PORTAL**

**DIGITAL HEALTH SEARCH TOOL**
Adding a Contact on the Reporting Portal

- 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"

- Note that sometimes the system takes up to a day to sync new contacts - if a new contact doesn't show up immediately when you search for them, check back the next day.
- Reporting Portal contacts are automatically subscribed to the Value Based P4P newsletter, which includes upcoming deadlines, program updates, and other important VBP4P information.
The measures tab includes measure-specific results organized by year and product line. Each measure includes a table with the numerator, denominator, and rate for each PO contracts with your plan. The measure include any underlying metrics (such as age bands) and are organized by VBP4P domain and clinical priority area.

**Measuring Blood Pressure for Non-Diabetic People with Hypertension <140/90 mm Hg: Ages 18-59**

The percentage of non-diabetic members 18-59 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

No data available for this measure.
Visualizations are available for each individual measure and provide graphic representations of measure results across contracted physician organizations.
Evaluating Your Reports
Evaluating Your Results

The “Downloads” tab contains .csv downloadable files for easy analyses of results for your contracted physician organizations (POs). Downloads include results for your aggregated results, plan-submitted results, quality composite scores, and MY 2016 thresholds.

- **Quality Composite Score .csv download**
  - Quality Composite Scores for all contracted POs
  - Points earned for paid measures only (24 clinical quality, 5 patient experience measures, & 2 e-measures)
  - Clinical Quality & Patient Experience – includes attainment and improvement points and points earned for each paid measure (higher of improvement and attainment points)
  - E-measures – points earned for each measure

- **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.

- **PO-Aggregate Results .csv download**
  - Results for all measures at the PO level for Clinical Quality, Advancing Care Information, and Patient Experience (PAS).
  - Includes better rates (either plan-aggregate or self-reported results) for all measures

- **Plan-Submitted Results .csv download**
  - Results for plan-specific results that were submitted by your plan to Transunion.
  - Includes encounter and enrollment results for all contracted POs
Components of the Quality Composite Score

### 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
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  - Helpful Office Staff
  - Overall Rating of Care
  - Timely Care and Service

### Advancing Care Information (10%)
- Ability to report selected e-measures (2)
## Update: Quality Composite Score

**Quality Gate: current year QCS at or above 10th percentile**

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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 (PO share of savings = 32.5%)</td>
<td>10 points</td>
<td>10th percentile = 6 points</td>
</tr>
<tr>
<td>Maximum Quality Multiplier of 1.35 (PO share of savings = 67.5%)</td>
<td>75 points</td>
<td>90th percentile = 49 points</td>
</tr>
</tbody>
</table>
PO’s QCS at the 10th percentile would earn 0.65 Quality Multiplier.

PO’s QCS at the 90th percentile would earn the maximum Quality Multiplier of 1.35.
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.
Questions & Appeals Period
**Question & Appeals Period: May 25 – June 15**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Preliminary Quality Reports released to POs</td>
<td>May 25, 2017</td>
</tr>
<tr>
<td><strong>POs review their Quality results and submit Request for Quality Results Questions and Appeals Form if necessary</strong></td>
<td><strong>May 25 – June 15, 2017</strong></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>
</tr>
</tbody>
</table>

Required from **Health Plans**:

- Work with P4P staff to answer PO questions – the more we can resolve without filing an appeal, the smoother the process of finalizing quality results
Question & Appeals Period: May 25 – June 15

Required from Health Plans

• During this period, POs will be submitting questions and requests for changes to VBP4P staff, who will work to track the questions received and coordinate any requests that are specific to your plan with your plans confirmed contact.

• The VBP4P staff at NCQA will be corresponding with your health plan on any relevant questions that we have received from 5/25 to 6/15.

• We ask that health plans investigate the questions received as soon as possible, and submit responses within 3 business days. In some cases, we may put the PO in contact with your plan for further data sharing.

We appreciate your help in supporting the timely review and response to PO inquiries and requests.
Key Date Reminders

5/31: Total Cost of Care (TCC) Final Data Submission to Truven

6/15: Quality Review & Appeals Deadline

6/29: Preliminary Appropriate Resource Use & Total Cost of Care Reports

9/1 – 10/1: Public Comment including:
  • Draft MY 2017 manual and measure specifications
  • Proposed MY 2018 measure set

9/19: IHA Stakeholders Meeting @ Hilton LAX
Bi-Monthly Health Plan Meetings

- **Goal:** bi-monthly meetings as a way for VBP4P project team at your organization to stay informed and updated on VBP4P and other IHA related projects

- **Proposed dates:**
  - Thursdays - 6/22; 8/14; 10/19; 12/14

<table>
<thead>
<tr>
<th>Bi-Monthly Health Plan Meeting Standing Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Welcome</td>
</tr>
<tr>
<td>• VBP4P Updates</td>
</tr>
<tr>
<td>• VBP4P Committee Updates</td>
</tr>
<tr>
<td>• IHA Project Updates</td>
</tr>
<tr>
<td>• Q&amp;A</td>
</tr>
</tbody>
</table>
Useful 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
Questions: p4p@iha.org