

Encounter-to-Value Alternative Payment Methodology 4 (APM4)

Quality Performance Overview

August 12, 2019

Overview of APM4

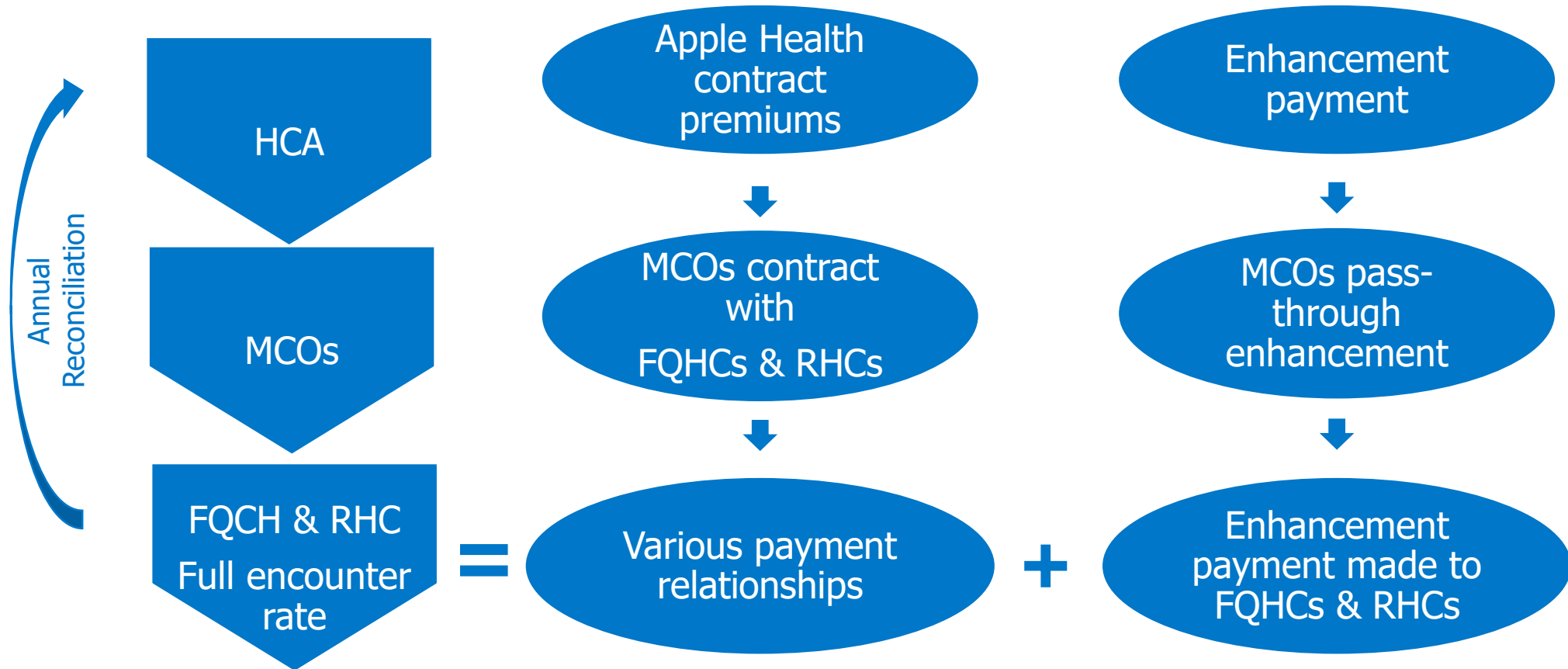
Washington APM history

- ▶ APM 1: January 1, 2009 – April 6, 2011
 - ▶ Based on cost reports, average of 1999 and 2000 PPS rates
 - ▶ Encounter rates inflated by a Washington-specific healthcare index

- ▶ APM 2: April 7, 2011 – June 30, 2011
 - ▶ PPS rate inflated by 5 percent

- ▶ APM 3: July 1, 2011 to Present
 - ▶ 2008 rates as calculated under APM 1 inflated by Medicare Economic Index (MEI) from 2009-2010

Flow of payments

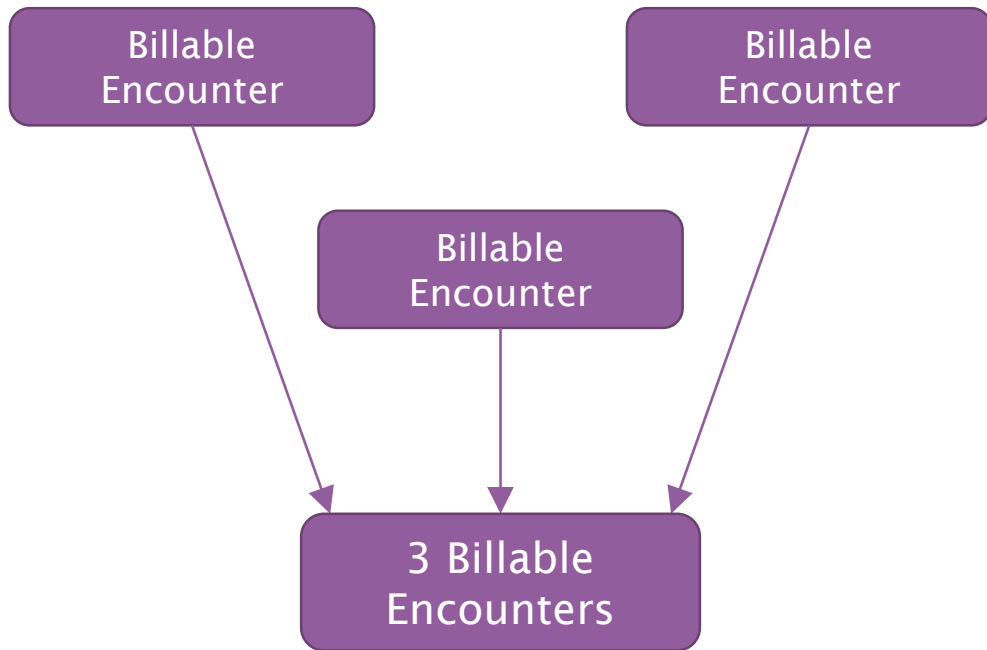


Core elements

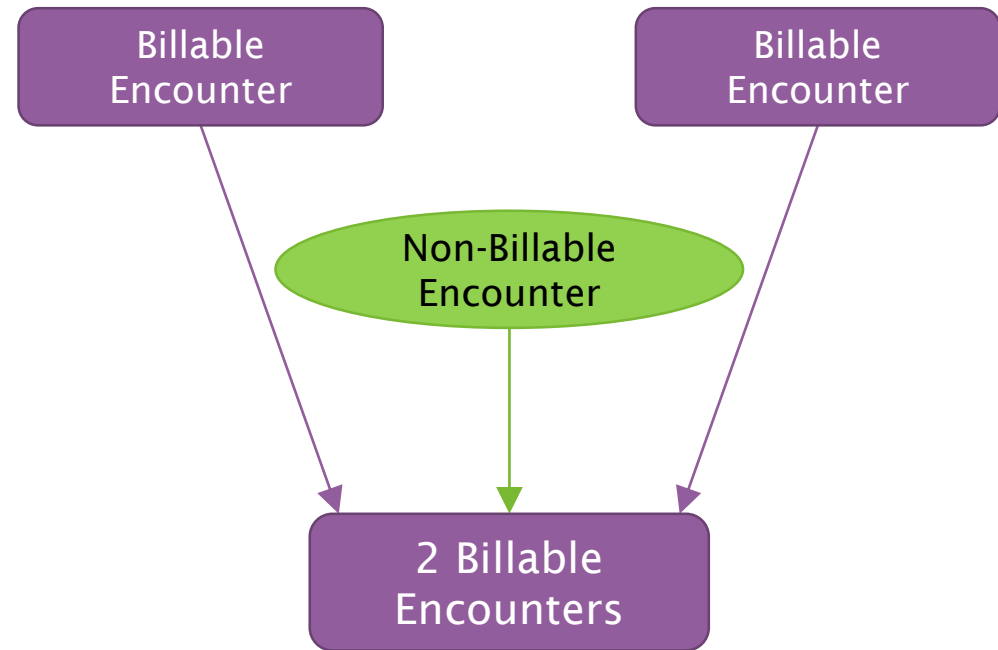
- ▶ Clinics receive no less than their APM 3 rate (PPS)
- ▶ Clinics retain the right to opt out of APM 4
- ▶ Current payment relationships remain in place
 - ▶ Flow of payments from HCA through MCOs to clinics
- ▶ Prospective adjustment based on performance

Encounter-based vs value-based

APM3/PPS Encounter-based



APM4 Value-based

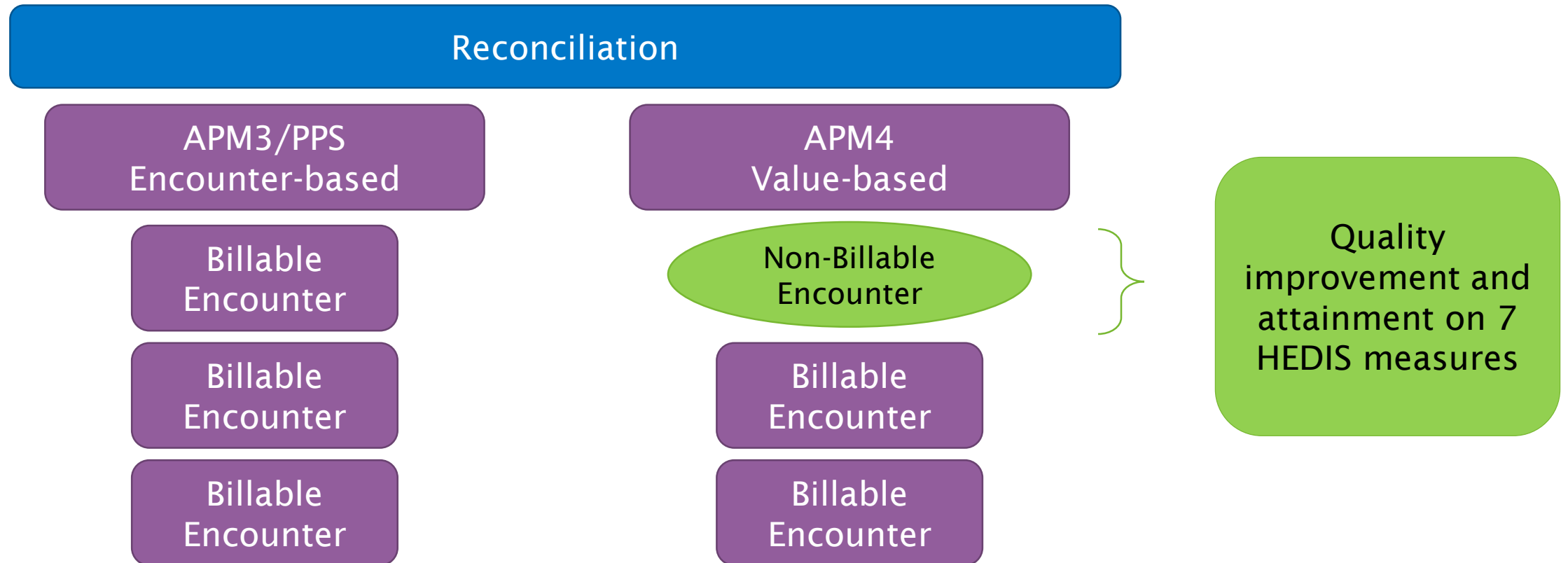


Link to quality

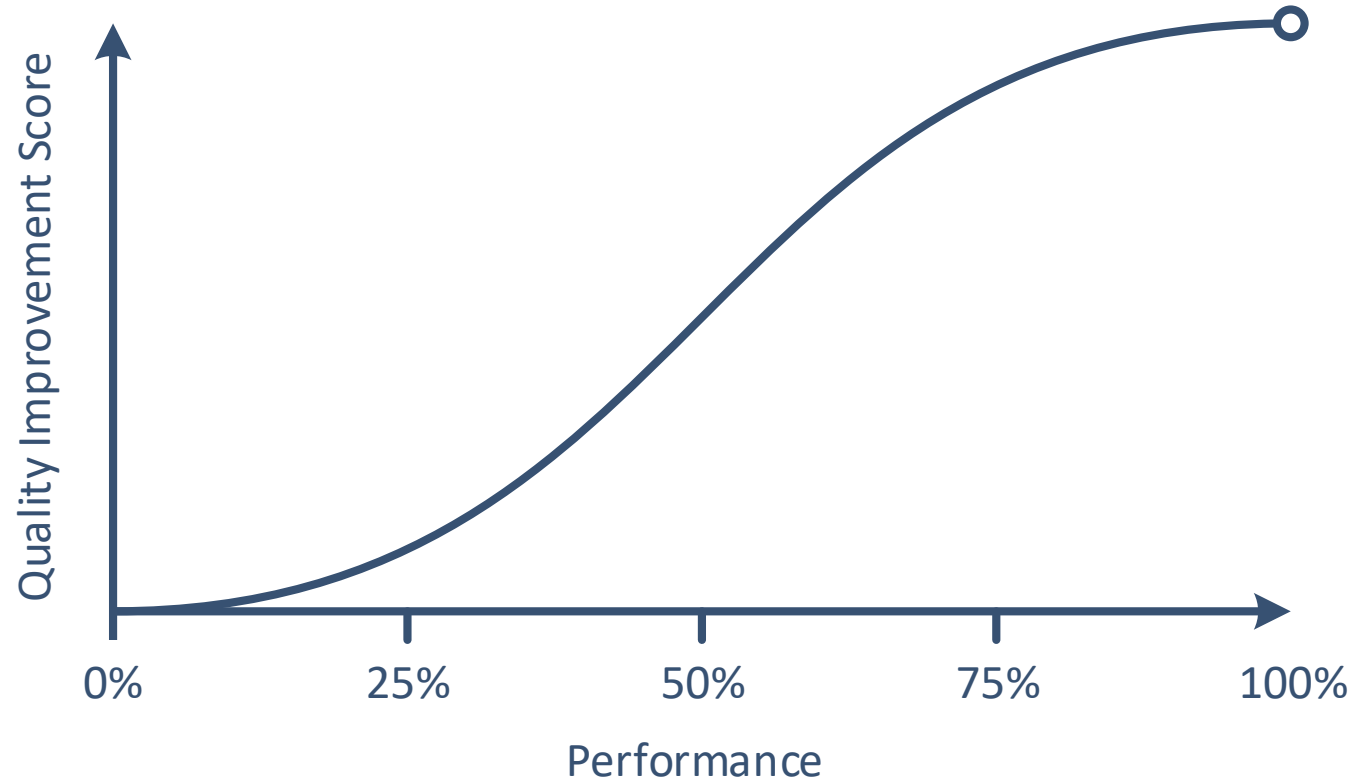
- ▶ Tie quality improvement to subset of the Washington State Common Measure set
 - ▶ Clinics that demonstrate quality improvement will continue to receive their full PMPM rate
 - ▶ Non-performance will result in reduced PMPM rate through prospective adjustment, but never less than APM 3

- ▶ Upon meeting quality improvement targets
 - ▶ Clinics can earn back the full benefit of the PMPM rate in future years

Encounter-based vs value-based



Quality improvement model



- ▶ Rewards for **attainment and improvement** based on Targets, Means, and Weighting

Quality improvement model

- ▶ Clinics are compared against their own quality performance baseline (prior performance year)
 - ▶ For the first year:
 - ▶ CY2017 is the prior performance year
 - ▶ CY2018 is the performance year
- ▶ MCO reported member months (assignment rosters) are used for payment and quality performance calculations
- ▶ The quality improvement model compares multiple measures to establish a composite score, the Quality Improvement Score (QIS)
 - ▶ The QIS is used to prospectively adjust the PMPM rate

Quality improvement model

▶ The model is the same, the tool has been updated

▶ If you need the updated QIS tool, please reach out to gary.swan@hca.wa.gov

▶ Can be used to monitor performance and set internal targets for improvement

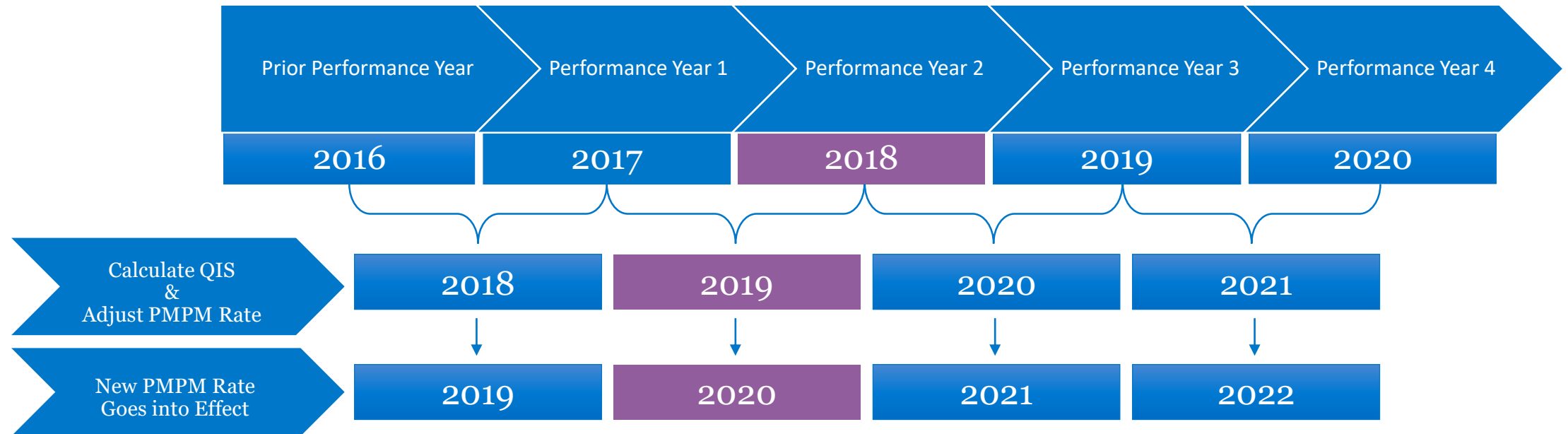
	1-4 Adult Measures	5-6 Pediatric Measures					
	Measure 1: CDC - BP control (<140/90 mm Hg)	Measure 2: CDC - HbA1c poor control (>9.0%)	Measure 3: Controlling High Blood Pressure (GBP)	Measure 4A: Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment	Measure 4B: Antidepressant Medication Management (AMM) - Effective Continuous Phase Treatment	Measure 5: Childhood Immunization Status - Combo 4D	Measure 6: Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
Bechmarks & Performance	1	2	3	4A	4B	5	6
Mean (QS Baseline)	56.4%	61.9%	57.0%	52.4%	37.1%	36.1%	71.9%
Improve Baseline Year Measure Score (IS Baseline)							
Target (QS & IS)	70.3%	76.6%	70.3%	62.6%	49.8%	49.6%	83.8%
Source	NCQA	NCQA	NCQA	NCQA	NCQA	NCQA	NCQA
Performance Year Measure Score							
Compared to Mean	-	-	-	-	-	-	-
Compared to Prior Year	-	-	-	-	-	-	-
Q-I Weighting Factor	1	2	3	4A	4B	5	6
Percent weight given to QS in Measure Composite Score	-	-	-	-	-	-	-
Quality Score: Performance vs. Mean (QS)	1	2	3	4A	4B	5	6
Measure QS Attainment	-	-	-	-	-	-	-
Measure QS Span	-	-	-	-	-	-	-
Measure QS Ratio	-	-	-	-	-	-	-
Measure QS (with Q-I Weighting Factor)	-	-	-	-	-	-	-
Improvement Score: Performance vs. Prior Year (IS)	1	2	3	4A	4B	5	6
Measure IS Attainment	-	-	-	-	-	-	-
Measure IS Span	-	-	-	-	-	-	-
Measure IS Ratio	-	-	-	-	-	-	-
Measure IS (with Q-I Weighting Factor)	-	-	-	-	-	-	-
Measure Composite Score	1	2	3	4A	4B	5	6
Combines QS and IS	-	-	-	-	-	-	-
Measure Weight	1	2	3	4A	4B	5	6
Full, half or unweighted	0	0	0	0	0	0	0
Percent weight	-	-	-	-	-	-	-

Quality Improvement Score (QIS):

Percentage of QIS Portion of Withhold Earned Back:

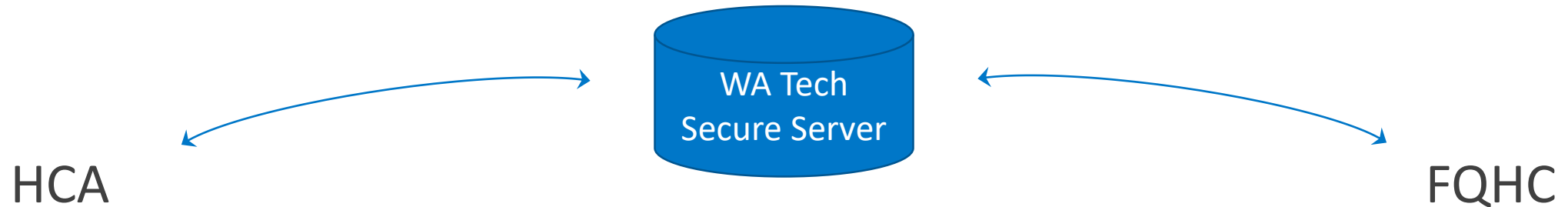
Quality improvement model

▶ Performance and rate adjustments:



- ▶ Financial reconciliation needs to be completed by September 30, 2019
 - Contact HCA FQHC RHC Questions (FQHCRHC@hca.wa.gov)

Data transfer reminder

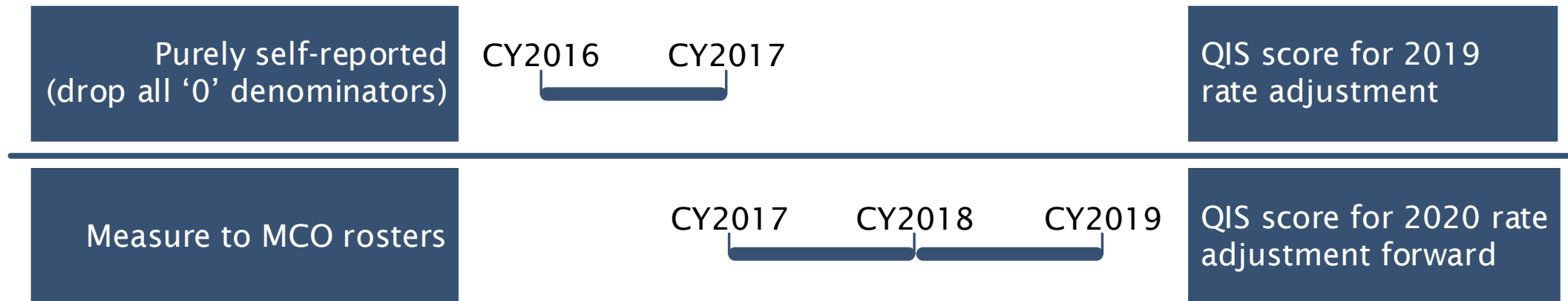


- ▶ HCA encrypts quality performance data and uploads to the secure server
 - ▶ FQHC downloads and decrypts the data
- ▶ FQHC encrypts quality performance data and uploads to the secure server
 - ▶ HCA downloads and decrypts the data
- ▶ Do not forget to encrypt your data prior to transfer
- ▶ If you have questions or need to update your encryption key, please reach out to gary.swan@hca.wa.gov

Quality performance data reconciliation and reporting

Measure overview

- ▶ HCA will be updating to all assigned clients:



- ▶ CY2016 & CY2017 –
 - ▶ Purely self-reported
- ▶ CY2017 & in future years –
 - ▶ HCA will be resetting the CY2017 baseline and measure to MCO reported rosters

Measure overview

▶ Performance Measures:

1. Comprehensive Diabetes Care - Poor HbA1c Control (>9%)
2. Comprehensive Diabetes Care - Blood Pressure Control (<140/90)
3. Controlling High Blood Pressure (<140/90)

4. Childhood Immunization Status - Combo 10*
5. Antidepressant Medication Management
 - Effective Acute Phase Treatment
 - Effective Continuation Phase Treatment (6 Months)
6. Well-child visits in the 3rd, 4th, 5th and 6th years of life



FQHC self-reports
(requires clinical chart data)



HCA reports
(generated from claim data)

**HCA reports denominator, FQHC reports the numerator*

Timetable

Transmission Flow	Due Date	Purpose/Activity
HCA to FQHC	August 2, 2019	Initial data set developed by HCA: <ul style="list-style-type: none">• Measure rates for administrative measures• Provisional data for self-reported measures
FQHC to HCA	October 2, 2019	FQHC reconciliation of the HCA delivered data set: <ul style="list-style-type: none">• Identification of measure rates for clinical measures
HCA to FQHC	November 30, 2019	HCA reviews, reconciles and established final QIS for each FQHC

Frequently asked questions

▶ What does this data represent? How was it generated?

▶ HCA produces these data based on:

- ▶ Medicaid Managed Care reported rosters
- ▶ Continuous enrollment and continuous assignment (11 of 12 months)
- ▶ HEDIS specifications
- ▶ *Provisional cohorts are based on administrative data, e.g. diagnosis of diabetes*

Frequently asked questions

▶ What is the date range of the data we are validating?

▶ The prior performance period is 01/01/2017 – 12/31/2017

▶ The performance period is 01/01/2018 – 12/31/2018

▶ HCA compares the prior performance period to the performance period to generate each FQHC's quality improvement score

Frequently asked questions

▶ I have questions/issues with my CY2017 data, can I update these data?

- ▶ HCA has finalized CY2017 rates and quality improvement scores. These rates will not be updated
- ▶ HCA will use existing FQHC reported data to reset quality performance rates for CY2017 to compare to CY2018
- ▶ Measures:
 1. Comprehensive Diabetes Care - Poor HbA1c Control (>9%)
 2. Comprehensive Diabetes Care - Blood Pressure Control (<140/90)
 3. Controlling High Blood Pressure (<140/90)
 - Will not be reset, as HCA relies entirely on FQHC reported quality performance rates
- ▶ If you have specific questions with the reported rates, please reach out to gary.swan@hca.wa.gov

Frequently asked questions

- ▶ What are the measure specifications?
 - ▶ HCA has used 2019 HEDIS specifications to generate measure cohorts and rates
 - ▶ Please refer to 2019 HEDIS specifications for detailed information. HCA cannot provide detailed information as it is proprietary
 - ▶ HCA has provided general guidance in the reporting Excel Spreadsheet including basic measure criteria
 - ▶ HCA will provide general technical assistance upon request

Frequently asked questions

- ▶ How do we use the HCA spreadsheet? How do you want us to report data back to HCA?
 - ▶ The reporting process is the same this year as it was in 2018
 - ▶ APM4 participants are required to self-report measures that require clinical information/chart information
 - ▶ FQHCs will report the numerator and denominator as either a “1” or “0”
 - ▶ “1” equates to care delivered according to HEDIS specifications
 - ▶ “0” equates to care *not* delivered according to HEDIS specifications
 - ▶ Add the numerator and denominator in the designated column as necessary to report your performance.

Frequently asked questions

▶ What measures do we need to reconcile and report back to HCA?

▶ FQHC reports numerator and denominator:

1. Comprehensive Diabetes Care - Poor HbA1c Control (>9%)
2. Comprehensive Diabetes Care - Blood Pressure Control (<140/90)
3. Controlling High Blood Pressure (<140/90)

▶ FQHC reports numerator only:

1. Childhood Immunization Status - Combo 10

▶ HCA provides provisional cohort to FQHC:

1. Comprehensive Diabetes Care - Poor HbA1c Control (>9%)
2. Comprehensive Diabetes Care - Blood Pressure Control (<140/90)
3. Controlling High Blood Pressure (<140/90)

▶ HCA reports denominator only:

1. Childhood Immunization Status - Combo 10

▶ HCA reports numerator and denominator:

1. Antidepressant Medication Management
 - ➔ Effective Acute Phase Treatment
 - ➔ Effective Continuation Phase Treatment (6 Months)
2. Well-child visits in the 3rd, 4th, 5th and 6th years of life

Frequently asked questions

- ▶ Many of the patients listed show no evidence as having the measure diagnosis or appear to qualify for the measure?
 - ▶ Exclude these patients from the measure rate
 - ▶ Mark them with a “0” in the denominator

Frequently asked questions

- ▶ From the HCA provided data, how should we handle patients that we do not believe are our patients?
 - ▶ For measures:
 1. Comprehensive Diabetes Care - Poor HbA1c Control (>9%)
 2. Comprehensive Diabetes Care - Blood Pressure Control (<140/90)
 3. Controlling High Blood Pressure (<140/90)
 - If you find patients that have no reportable information, report a “0” in the denominator
 - ▶ For measure:
 1. Childhood Immunization Status - Combo 10
 - Report the numerator based on available data
 - ▶ HCA will report on all other measures

Frequently asked questions

- ▶ How is Comprehensive Diabetes Care – Poor HbA1c Control (>9%) (NQF 0059) reported? Do I need to invert this measure to use the QIS tool?
 - ▶ Report this measure as poor control
 - ▶ HCA will invert this measure when calculating final performance for FQHC quality improvement scores
 - ▶ Yes, when you input this measure rate into the tool, invert the measure rate, i.e. one minus the measure rate

Frequently asked questions

Questions?

Thank you!

▶ If you have questions or need TA with quality performance data:

▶ Gary.swan@hca.wa.gov

▶ If you have questions on financial reconciliation:

▶ [HCA FQHC RHC Questions
FQHCRHC@hca.wa.gov](mailto:FQHCRHC@hca.wa.gov)