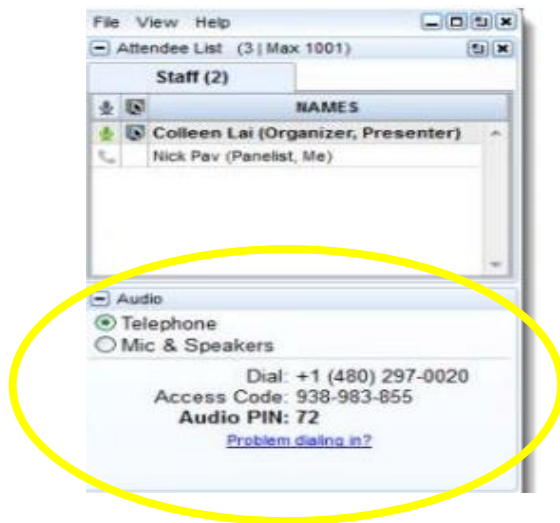


# Before we get started, let's make sure we are connected

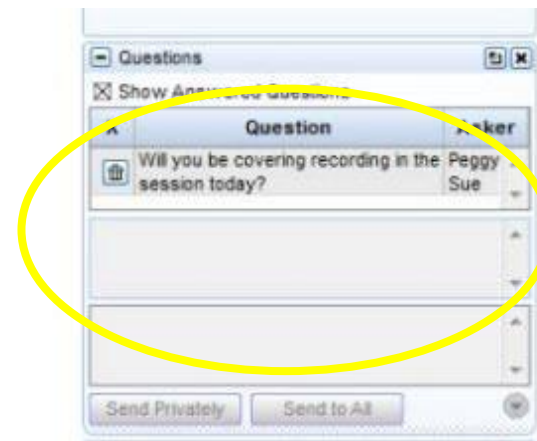
## Audio Options

- Mic & Speakers
- Telephone: Use your phone to dial the number in the "Audio" section of the webinar panel. When prompted, enter your access code and audio pin.



## Have questions?

Please use the "Questions" section in the webinar panel to submit any questions or concerns you may have. Our panelists will answer questions as they arise and at the end of the presentation.



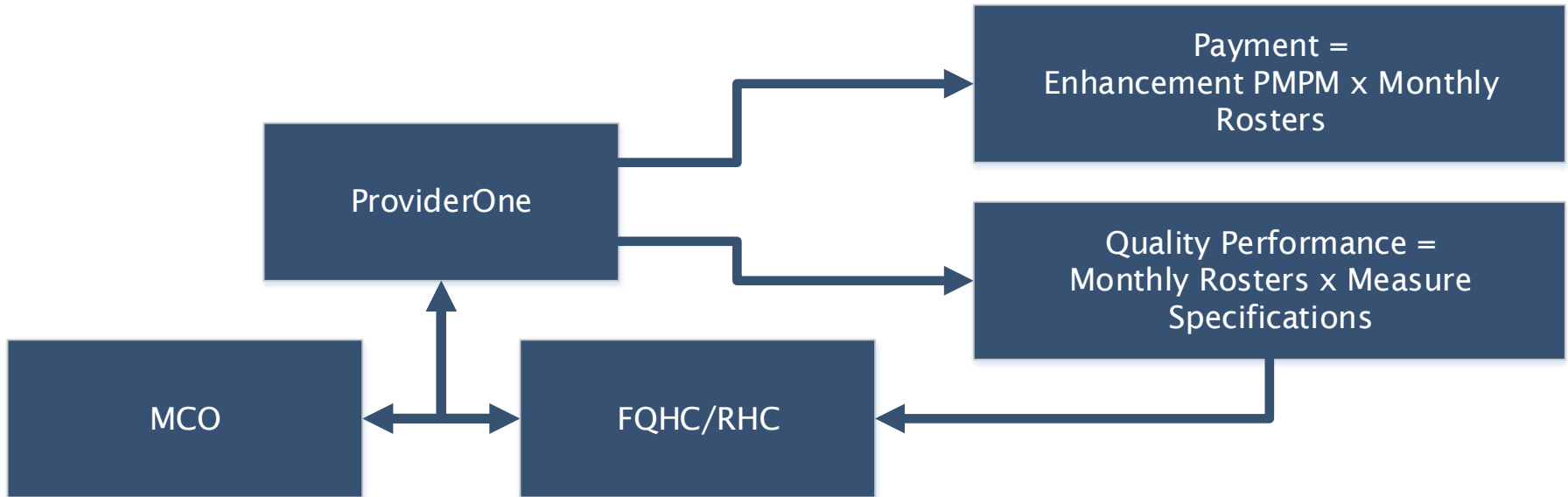


# Encounter-based to Value-based: Alternative Payment Methodology 4

November 13, 2017

# APM 4 Flow of Data

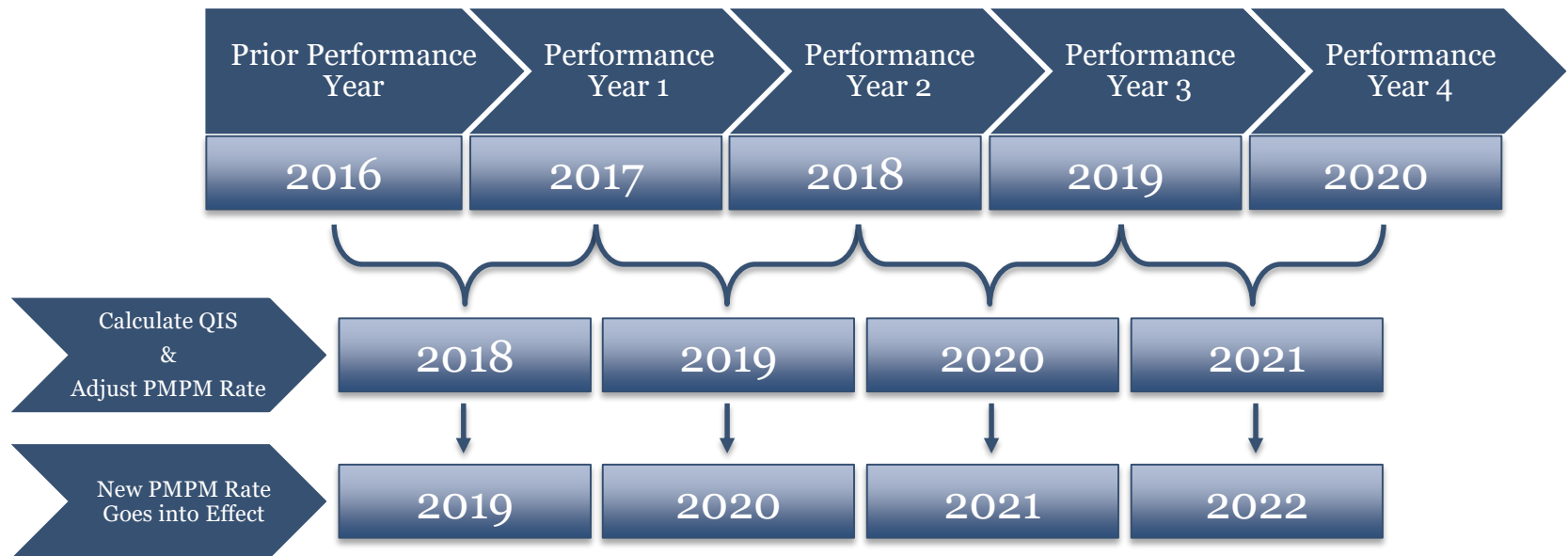
Monthly Assignment Rosters from MCOs:



- Roster data is sourced from ProviderOne
- Final rosters reflect corrections to enrollments/dis-enrollments

# APM 4 Quality Improvement Model and PMPM Rate Adjustments

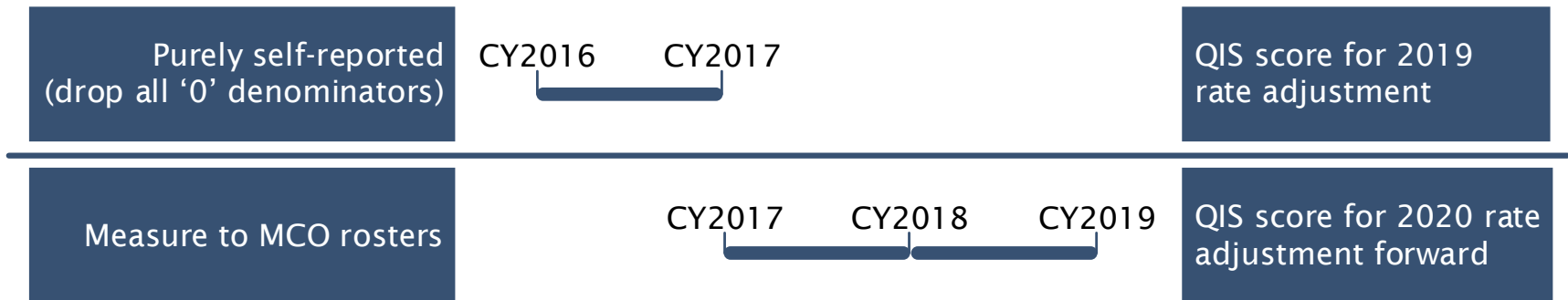
Performance and Rate Adjustments:



- APM4 Participants will start on July 1, but Performance will be for CY2017

# APM 4 Near-term Performance

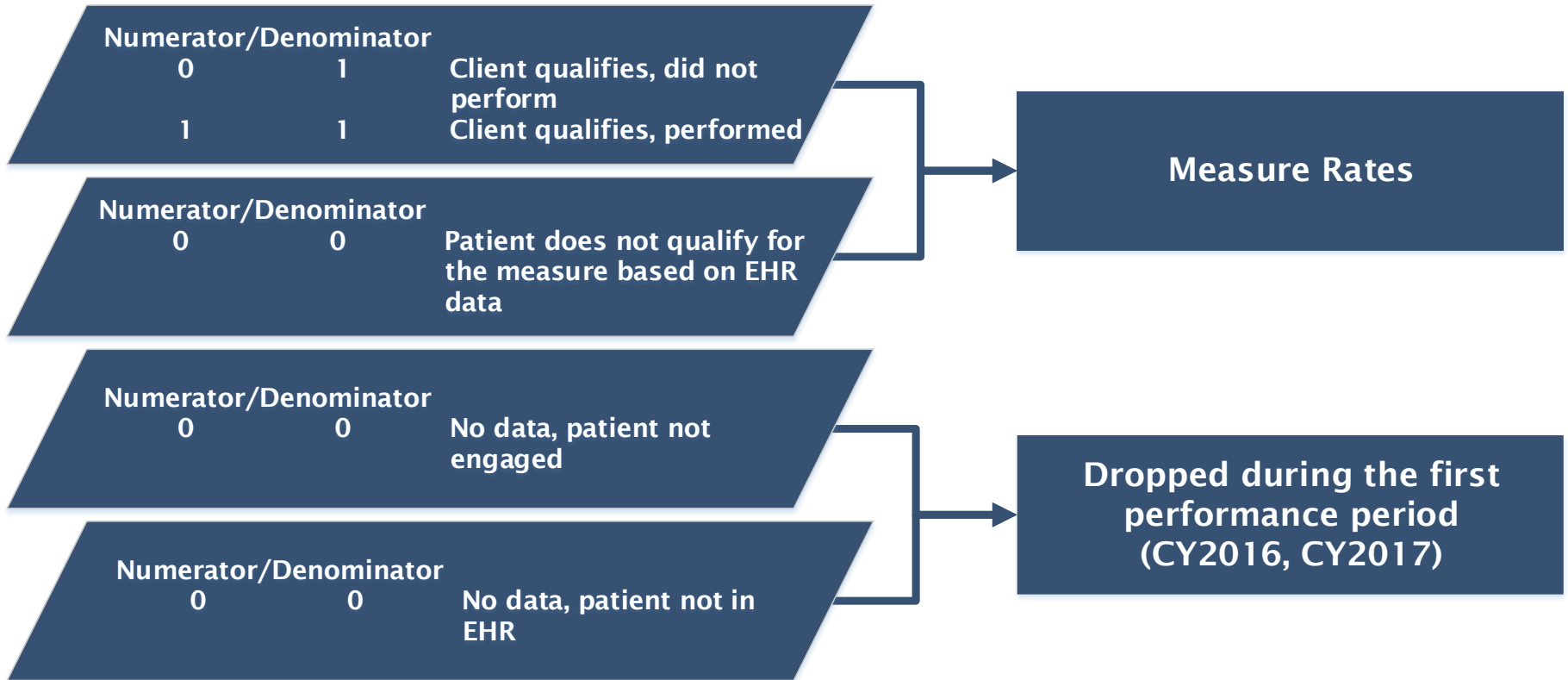
Timeline for performance:



- CY2016 & CY2017 –
  - Purely self-reported
- CY2017 & on –
  - Reset the CY2017 baseline and measure to MCO reported rosters
  - Roundtable to discuss implementation

# APM 4 Near-term Performance

Calculating self-reported measure rates:



# APM 4 Near-term Performance

Option for administrative measure rates:

Monthly patient rosters run by FQHC for administrative measures; or

FQHC reconciles HCA provided client data.

HCA finalizes administrative measures

- Some patients may not have been engaged or were not recognized as properly assigned
- Some FQHCs have provided data on administrative measures
- **APM4 participants can choose to:**
  - Accept HCA’s provided rate as the final rate; or
  - Provide HCA with additional information
    - Reconcile patient assignments in data already provided
    - Provide rosters with patients for CY2016



# APM4 Measure Specifications

- Medicaid Managed Care patients only
- MCO reported rosters:
  - Continuous assignment and continuous enrollment
    - 11 of 12 months of the performance year
- ProviderOne claim/administrative data

For data provided on the self-reported measures:

- Based on data and measure specifications (ex. Diagnosis of diabetes, diagnosis of HTN, turn 2 in the performance year)
- The actual number who may qualify for a measure may be lower than those presented





# Measure Specifications

## Comprehensive Diabetes Care (CDC)

CDC BP control (<140/90 mm Hg)

CDC HbA1c poor control (>9.0%)

### Same Specifications for the Denominator

#### Specifications for the Numerator

- The member is numerator compliant if the BP is <140/90 mm Hg.
- The member is not compliant if the BP is  $\geq$ 140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).
- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

#### Specifications for the Numerator

- Use codes in the HEDIS HbA1c Tests Value Set to identify the most recent HbA1c test during the performance year.
- The member is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the performance year.
- The member is not numerator compliant if the result for the most recent HbA1c test during the performance year is  $\leq$ 9.0%.



# Measure Specifications

## Controlling High Blood Pressure (CBP)

CDC BP control (<140/90 mm Hg)

### Specifications for the Denominator

- Eligible population has diagnosis of hypertension is confirmed by chart review.
- To confirm the diagnosis of hypertension, the organization must find notation of one of the following in the medical record anytime during the member's history on or before June 30 of the performance year:
  - Hypertension, intermittent HTN, HTN, history of HTN, high BP (HBP), hypertensive vascular disease (HVD), elevated BP (BP), hyperpiesia, borderline HTN, hyperpiesis.

### Specifications for the Numerator

- The number of members in the denominator whose most recent BP (both systolic and diastolic) is adequately controlled during the performance year (whose BP was <140/90 mm Hg)



# Measure Specifications

## Childhood Immunization Status - Combo 10

### Childhood Immunization Status - Combo 10

- The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

### Specifications for the Denominator

- Individuals aged 2 years by end of performance year

### Specifications for the Numerator

- For immunization evidence obtained from the medical record, antigen was rendered from one of the following:
  - A note indicating the name of the specific antigen and the date of the immunization.
  - A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.



# Measure Specifications

## Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

### Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

- The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the performance year.

### Specifications for the Denominator

- Individuals aged 3-6 years by end of performance year

### Specifications for the Numerator

- Numerator population would be a subset of the above with a claim with a service date in the performance year and,
  - ICD10 diagnosis code from the HEDIS well-child value set or
  - procedure code from the HEDIS well-child value set
  - NOTE: There is no requirement for provider to be a PCP in the HCA calculation of this measure.



# Measure Specifications

## Antidepressant Medication Management (AMM)

Effective Acute Phase Treatment

Effective Continuation Phase  
Treatment

Same Specifications for the Denominator

Specifications for the Numerator

Specifications for the Numerator

- At least 180 days (6 months) of continuous treatment with antidepressant medication beginning on the first use through 114 days after the first use (115 total days).
- Continuous treatment allows gaps in medication treatment up to a total of 30 days during the 115-day period.

- At least 180 days (6 months) of continuous treatment with antidepressant medication beginning on the first use through 231 days after the first use (232 total days).
- Continuous treatment allows gaps in medication treatment up to a total of 51 days during the 232-day period.



# Measure Specifications

## Medication Management for People With Asthma

5-11 Years

12-18 years

Same Specifications for the Denominator

### Specifications for the Numerator

- The number of members 5-11 years who achieved a Proportion of Days Covered (PDC) of at least 75% for their asthma controller medications during the performance year.

### Specifications for the Numerator

- The number of members 12-18 Years who achieved a Proportion of Days Covered (PDC) of at least 75% for their asthma controller medications during the performance year.



# APM4 Question and Answer

## Questions?

Contact:

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o. 360-725-1250