



STRATEGIC PLANNING & INNOVATION

Provider Stakeholder Call
November 29, 2017

Meeting Agenda

- Episodes of Care
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- PCMH & Health Link

Episodes of Care Agenda

- November Reports Released
- Preview Episodes Thresholds Available from MCOs
- 2018 Threshold Review
- Wave 8 Technical Advisory Groups (TAGs) complete

2017 November TennCare Episodes Report Released

The November TennCare Episodes Performance and Preview are reports are now available through the Managed Care Organizations (MCO) portals.

Preview Reports		Performance Reports	
<i>Data Included:</i> Episodes ending between July 1, 2016 and June 30, 2017		<i>Data Included:</i> Episodes ending between January 1, 2017 and June 30, 2017 (Quarter 1 & Quarter 2)	
1. Anxiety	2. Tonsillectomy	3. Non-Emergent Depression	4. Breast Biopsy
5. Otitis Media	6. Skin and Soft Tissue Infection	7. HIV	8. Pancreatitis
9. Diabetes Acute Exacerbation	10. Attention Deficit and Hyperactivity Disorder (ADHD)	1. Perinatal	2. Total Joint Replacement
		3. Asthma Acute Exacerbation	4. Acute Percutaneous Coronary Intervention (PCI)
		5. Non-acute Percutaneous Coronary Intervention (PCI)	6. Outpatient and Non-Acute Inpatient Cholecystectomy
		7. Screening and Surveillance Colonoscopy	8. Chronic Obstructive Pulmonary Disease (COPD) Acute Exacerbation
		9. Gastrointestinal Hemorrhage (GIH)	10. Upper GI Endoscopy (EGD)
			11. Respiratory Infection
			12. Pneumonia (PNA)
			13. Urinary Tract Infection (UTI) - Outpatient
			14. Urinary Tract Infection (UTI) - Inpatient
			15. Congestive Heart Failure (CHF) Acute Exacerbation
			16. Oppositional Defiant Disorder (ODD)
			17. Coronary Artery Bypass Graft (CABG)
			18. Valve Repair and Replacement
			19. Bariatric Surgery



Contact information for episode reports questions

- For questions about your TennCare episode reports, contact your MCO representatives:
 - Amerigroup: 615-232-2160
 - BCBST: 800-924-7141 (Option 4) or Contact your PRC: <http://www.bcbst.com/providers/mycontact/?nav=calltoaction>.
 - United Healthcare: 615-372-3509

- *For questions about Cigna episode reports, call 615-595-3663 or email Megan.Higdon@Cigna.com

Agenda

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Preview Episodes Thresholds Available from MCOs

The November *Preview Reports* will not contain thresholds for cost or quality metrics.

- The thresholds for the 10 episodes in the Preview Period will be available in the February 2018 reports.
- Please note, the Performance Reports will contain 2017 thresholds for cost and quality metrics.

To review the Acceptable, Commendable and Quality Metric Thresholds for episodes in the preview period for 2017 prior to the February Reports, see the information below:

- **Amerigroup:** Quarterbacks will receive an e-mail from Amerigroup with the Acceptable, Commendable and Quality Metric Thresholds for the preview period before January 1, 2018.
- **BlueCross BlueShield of Tennessee:** Providers will be notified about the availability of the Acceptable, Commendable and Quality Metric Thresholds for the preview period through e-mail, a BlueAlert and banner on the BlueCross website.
- **United Healthcare:** The Acceptable, Commendable and Quality Metric Thresholds for the preview period are available in the 2018 contracts.

Agenda

- November Reports Released

- Preview Episodes Thresholds Available from MCOs

- **2018 Threshold Review**

- Wave 8 Technical Advisory Groups (TAGs) complete

Episodes of Care Thresholds for Performance Period 2018

Wave 1 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Perinatal	C-Section rate	41%	\$8,215	Varies by MCO
	Group B streptococcus screening rate	85%		
	HIV screening rate	85%		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Gestational diabetes screening rate ▪ Asymptomatic bacteriuria screening rate ▪ Hepatitis B screening rate ▪ Tdap vaccinate rate 			
Asthma	Follow-up with physician or other practitioner within 30 days of discharge	30%	\$1,394	Varies by MCO
	Patient on appropriate medication (oral corticosteroid and/or injectable corticosteroids)	60%		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Repeat acute exacerbation during the post-trigger window ▪ Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes) ▪ Smoking cessation counseling for the patient and/or family was offered ▪ Education on proper use of medication, trigger avoidance, or asthma action plan was discussed ▪ Chest x-ray utilization rate 			
Total Joint Replacement	No quality metrics linked to gain sharing		\$15,945	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Readmission rate ▪ Post-op deep venous thrombosis (DVT)/Pulmonary Embolism (PE) within 30 days post-surgery ▪ Post-op wound infection rate within 90 days post-surgery ▪ Dislocations or fractures within 90 days post-surgery ▪ Average inpatient length of stay 			

Wave 2 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Colonoscopy	Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry	25%	\$1,525	Varies by MCO
	<p>Quality metrics not linked to gain sharing (i.e., informational only):</p> <ul style="list-style-type: none"> ▪ Perforation of colon during the trigger or post-trigger windows ▪ Post-polypectomy/biopsy bleeding during the trigger or post-trigger windows ▪ Prior colonoscopy: screening, surveillance, or diagnostic colonoscopy within 1 year prior to the triggering colonoscopy ▪ Repeat colonoscopy: screening, surveillance, or diagnostic colonoscopy within 60 days after the triggering colonoscopy 			
Outpatient and Non-Acute Cholecystectomy	Hospitalization in the post-trigger window	10%	\$6,312	Varies by MCO
	<p>Quality metrics not linked to gain sharing (i.e., informational only):</p> <ul style="list-style-type: none"> ▪ Intraoperative cholangiography during the trigger window ▪ Endoscopic retrograde cholangiopancreatography (ERCP) within 3 to 30 days after procedure ▪ Average length of stay 			
COPD Acute Exacerbation	Percent of episodes where the patient visits a physician or other practitioner during the post-trigger window	40%	\$3,300	Varies by MCO
	<p>Quality metrics not linked to gain sharing (i.e., informational only):</p> <ul style="list-style-type: none"> ▪ Repeat acute exacerbation during the post-trigger window ▪ Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes) ▪ Smoking cessation counseling for the patient and/or family was offered 			

Wave 2 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
PCI – Acute	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%	\$13,384	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches) ▪ Staged PCI: repeat PCI in the post-trigger window 			
PCI – Non Acute	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%	\$11,566	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches) ▪ Staged PCI: repeat PCI in the post-trigger window 			

Wave 3 – Thresholds

Episode	Quality Metrics Thresholds	Acceptable Threshold	Commendable Threshold	
Upper GI Endoscopy (Esophagogastroduodenoscopy (EGD))	Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry	25%	\$1,769	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Perforation within upper gastrointestinal tract ▪ Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus 			
Respiratory Infection	No quality metrics linked to gain sharing		\$172	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Antibiotic injection for Strep A sore throat ▪ Steroid injection for Strep A sore throat 			
Pneumonia	Follow-up care within the post-trigger window	30%	\$2,192	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Follow-up care within the first seven days of post-trigger window ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window 			

Wave 3 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Urinary Tract Infection (UTI)-Outpatient	Admission within the trigger window for ED triggered episodes	5%	\$228	Varies by MCO
	Admission within the trigger window for non-ED triggered episodes	5%		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Pseudomembranous colitis within the post-trigger window ▪ Urinalysis performed in the episode window ▪ Renal ultrasound for children under two years old within the post-trigger window 			
Urinary Tract Infection (UTI)-Inpatient	Follow-up care within the post-trigger window	40%	\$5,834	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Follow-up care within the first seven days of post-trigger window ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window 			
Gastrointestinal Hemorrhage (GIH)	Follow-up care within the post-trigger window	40%	\$6,028	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Follow-up care within the first seven days of post-trigger window ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window ▪ Mortality within the episode window 			

Wave 4 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Attention Deficit and Hyperactivity Disorder (ADHD)	Minimum care requirement (5 visits/claims during the episode window)	70%	\$2,048	Varies by MCO
	Long-acting stimulants for members aged 4 and 5 years	80%		
	Long-acting stimulants for members aged 6 to 11 years	80%		
	Long-acting stimulants for members aged 12 to 20 years	80%		
	Utilization of therapy for members aged 4 and 5 years	1 visit		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Utilization of E&M and medication management ▪ Utilization of therapy ▪ Utilization of level I case management ▪ Utilization of medication by age group ▪ Follow-up within 30-days of the trigger visit 			
Bariatric Surgery	Follow-up care within the post-trigger window	30%	\$10,468	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Admission within the post-trigger window • Emergency department visit within the post-trigger window • Mortality within the episode window 			
Coronary Artery Bypass Graft (CABG)	Follow-up care within the post-trigger window	90%	\$44,628	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Participation in a Qualified Clinical Data Registry ▪ Admission within the post-trigger window ▪ Major morbidity within the episode window ▪ Mortality within the episode window 			

Wave 4 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Congestive Heart Failure (CHF) Acute Exacerbation	Follow-up care within the post-trigger window	60%	\$9,334	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> Follow-up care within the first seven days of post-trigger window Admission from the emergency department within the post-trigger window Admission within the post-trigger window Mortality within the episode window Utilization of functional status assessment 			
Oppositional Defiant Disorder (ODD)	Minimum care requirement (6 therapy and/or level I case management visits during the episode window)	30%	\$2,195	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> Medication with no comorbidity Prior ODD diagnosis Utilization (excluding medication) Utilization of therapy and level I case management 			
Valve Repair and Replacement	Follow-up care within the post-trigger window	90%	\$84,095	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> Participation in a Qualified Clinical Data Registry Admission within the post-trigger window Major morbidity in the episode window Mortality within the episode window 			

Wave 5 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Anxiety	Minimum care requirement (5 visits/claims during the episode window)	25%	\$924	Varies by MCO
	Utilization of benzodiazepines in children	5%		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Hospitalizations and ED visits: Percentage of valid episodes with one or more anxiety-related hospitalizations or ED visits admission from the emergency department within the post-trigger window • Follow-up visit within seven days of hospitalization or ED visit • Utilization of related medication • Utilization of therapy • Utilization of assessment • Utilization of benzodiazepines in adults 			
Tonsillectomy	Bleeding up to two days following the procedure	10%	\$3,526	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Dexamethasone administration rate • Rate of indicated concurrent tympanostomy • Rate of absence of antibiotics • Post-operative encounter rate • Bleeding rate between the 3rd and 14th day 			
Otitis Media	Otitis media with effusion (OME) episodes without antibiotics filled	25%	\$316	Varies by MCO
	Non-OME episodes with amoxicillin	60%		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • OME episodes without oral corticosteroid filled • Tympanostomy when indicated • Overall tympanostomy • Follow-up encounter during post-trigger window • Non-OME episodes without macrolide filled 			

Wave 5 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Breast Biopsy	Follow-up care within the post-trigger window	60%	\$2,721	Varies by MCO
	Core needle biopsy rate	85%		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Follow-up care within the first seven days of post-trigger window • Admission from the emergency department within the post-trigger window • Admission within the post-trigger window • Mortality within the episode window • Utilization of functional status assessment 			
Non-emergent Depression	Minimum care requirement (5 visits/claims during the episode window)	60%	\$2,797	Varies by MCO
	Utilization of benzodiazepines in children	5%		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Hospitalizations and ED visits • Follow-up visit within seven days of hospitalization or ED visit • Utilization of related medication • Utilization of therapy • Utilization of assessment • Utilization of benzodiazepines in adults 			

Wave 6 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
SSTI	Bacterial cultures when incision and drainage performed	50%	\$459	Varies by MCO
	SSTI episodes with a first line antibiotic	85%		
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Infection recurrence • Hospitalizations after initial diagnosis • ED visits after initial diagnosis • Ultrasound imaging • Non-ultrasound imaging • Incision and drainage 			
HIV	Periodic anti-retroviral therapy (ART) refill	85%	\$5,377	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Viral status reporting • Infrequent ART refill • New patients • Viral suppression • Preferred drug use • HIV-related hospitalization • HIV-related ED visit • Screening for sexually transmitted infections (STIs) • Screening for hepatitis C 			

Wave 6 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Diabetes Acute Exacerbation	Follow-up care in the first 14 days of the post-trigger window	30%	\$8,361	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Follow-up care within the first seven days of post-trigger window • Admission from the emergency department within the post-trigger window • Admission within the post-trigger window • Mortality within the episode window • Utilization of functional status assessment 			
Pancreatitis	Follow-up care in the first 14 days of the post-trigger window	30%	\$8,837	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): <ul style="list-style-type: none"> • Nutritional counseling • New narcotics prescription • Multiple narcotics prescription • Relevant readmission in the post-trigger window • ED visit in the post-trigger window • ERCP performed in the post-trigger window • Cholecystectomy performed in the post-trigger window • Relevant laboratory test in the first 14 days of the post-trigger window 			

Agenda

- November Reports Released

- Preview Episodes Thresholds Available from MCOs

- 2018 Threshold Review

- **Wave 8 Technical Advisory Groups (TAGs) complete**

Wave 8 TAGs Complete

Three TAGs were completed as of November 14, 2017:

Hospitalist
medicine

Gynecological
surgery

General
surgery

Meeting Agenda

- Episodes of Care
-

- PCMH & Health Link

PCMH & Health Link Agenda

- Health Link Quality Metrics for 2017
- Outcome Payment Formula for 2018
- Efficiency Metrics for 2018
- Medication Therapy Management (MTM) Pilot Program

Update to Health Link Quality Metrics for 2017

- After an internal review, we have decided to remove the counseling for nutrition sub-metric from the Health Link program starting with the 2017 performance period.
- It had been brought to our attention that this counseling is included in the guidance for EPSDT requirements and that separate coding for this metric is not common practice.
- Since Health Links are already measured on well care visits, we will no longer hold Health Links accountable for this separate HEDIS metric.

HEDIS definition:

- The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:
 - Documentation of counseling for nutrition or referral for nutrition education during the measurement year as identified by administrative data or medical record review.
 - Dietary counseling and surveillance ICD-10-CM: Z71.3

PCMH & Health Link Agenda

- Health Link Quality Metrics for 2017

- Outcome Payment Formula for 2018

- Efficiency Metrics for 2018

- Medication Therapy Management (MTM) Pilot Program

Outcome Payment Formula for Health Link and Low Volume PCMHs for 2018

Current Outcome Payment Formula

<u>Average Cost of Care (PMPM)</u>	×	<u>Efficiency Improvement Percentage</u>	×	<u>Maximum Share of Savings</u>	×	<u>Outcome Savings Percentage</u>	×	<u>Member Months</u>	=	<u>Outcome Payment</u>
Average		0% to 20%		25%		0% to 100%		# Attributed		Calculated

After extensive discussions and a review of analyses from all 3 MCOs, the State is moving forward with using the new outcome payment formula below for Health Links and low volume PCMHs starting January 1, 2018.

New Outcome Payment Formula

<u>Average Cost of Care (PMPM)</u>	×	<u>Efficiency Improvement Percentage + Efficiency Stars</u>	×	<u>Maximum Share of Savings</u>	×	<u>Quality Stars</u>	×	<u>Member Months</u>	=	<u>Outcome Payment</u>
Average		50%		25%		50%		# Attributed		Calculated



Efficiency Improvement Percentage: 20% (capped)
+
Efficiency Stars: 30% (15% x 2 measures)

Outcome Payment Formula for High Volume PCMHs for 2018

Outcome Payment Formula



The outcome payment formula will remain the same for High Volume PCMHs (those with >5,000 members in a single MCO).

PCMH & Health Link Agenda

- Health Link Quality Metrics for 2017

- Outcome Payment Formula for 2018

- **Efficiency Metrics for 2018**

- Medication Therapy Management (MTM) Pilot Program

Efficiency Metrics for 2018

- PCMH and Health Link will move from 5 efficiency metrics to 2 efficiency metrics in 2018.
- This will simplify the model and allow providers to focus more intentionally on fewer efficiency measures.
- The remaining efficiency measures will be included as reporting only.
- The MCOs are re-thresholding the efficiency measures for 2018.
- Beginning in 2018, pediatric organizations will be held to separate thresholds than family practice PCMHs.

Current PCMH Efficiency Measures

1. Ambulatory care - ED visits per 1,000 member months
2. Inpatient discharges per 1,000 member months – Total inpatient
3. All-cause hospital readmissions rate (PCR)
4. Mental health utilization per 1,000 member months - Inpatient
5. Avoidable ED Visits per 1,000 member months

Current Health Link Efficiency Measures

1. Ambulatory care - ED visits per 1,000 member months
2. Inpatient discharges per 1,000 member months – Total inpatient
3. All-cause hospital readmissions rate (PCR)
4. Mental health utilization per 1,000 member months - Inpatient
5. Rate of inpatient psychiatric admissions per 1,000 member months

2018 Efficiency Measures

Quality Metric Reweighting

- HEDIS requires that quality measures must have at least 30 observations in the denominator in order to be measured.
- Beginning in calendar year 2018, if a PCMH or Health Link does not have 30 observations for a quality metric's denominator, the value of that measure may be redistributed.
- Organizations still earn quality stars by meeting or exceeding the threshold for a metric (and all of its sub-metrics, if applicable).
- Goals of reweighting:
 - Reward high performance on measures for which organizations have a sufficient denominator
 - Give lower volume providers the same opportunity to earn a percentage of the outcome payment that is based on their high quality performance

PCMH & Health Link Agenda

- Health Link Quality Metrics for 2017

- Outcome Payment Formula for 2018

- Efficiency Metrics for 2018

- Medication Therapy Management (MTM) Pilot Program

Medication Therapy Management (MTM) Pilot Program

- The MTM pilot program will launch in **January 2018**
- It is a **voluntary** program that reimburses pharmacists for providing MTM to eligible members in the PCMH and Health Link programs
 - Pharmacists will be working directly with members to identify, prevent, and resolve medication related problems and collaborate with other healthcare professionals to resolve any identified problems.
- Members who have multiple chronic illnesses and medications with a risk stratification of **Medium-High, High, or Critical** or members who have pediatric asthma or pediatric diabetes are eligible for MTM
- Pharmacists must have a Medicaid ID, collaborative practice agreement, network agreement and credentialing, as well as, Care Coordination Tool registration, training and access
- For a list of pharmacists interested in participating in MTM contact the Tennessee Pharmacist Association (TPA)
 - Executive Director, Micah Cost, PharmD, MS: micah@tnpharm.org
- MTM website: <http://www.tn.gov/tenncare/article/medication-therapy-management-pilot-program>
- Questions? Email TennCare.MTMpilot@tn.gov

Thank You

- Questions? Email payment.reform@tn.gov
- More information:
<https://www.tn.gov/tenncare/section/health-care-innovation>