

2016 PCP Incentive Program

PriorityHealth 

Review of 2015 changes

Significant changes were made in 2015

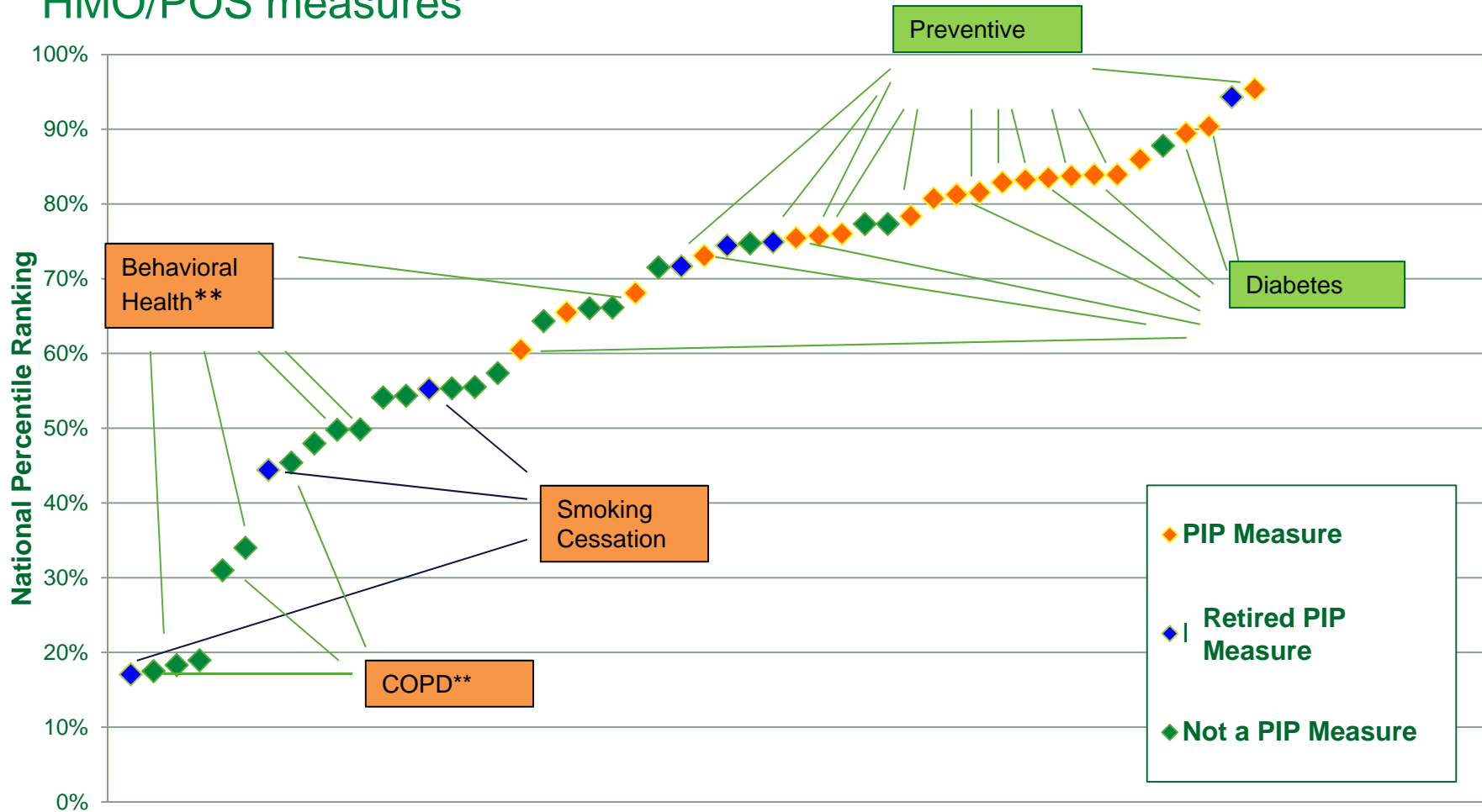
- Added one measure – Healthy MI
- Revised 12 measures
- Retired nine measures
- Significant redesign of care management criteria and funding level

2016 proposed changes

- Highly consistent with the 2015 program
 - One new measure (new funding)
 - Five slightly modified measures
 - One retired measure (funding reallocated)
- Continued focus on care management (\$3.25 pmpm)

PIP national ranking performance

HMO/POS measures



**Common characteristic: Transitions of care

2016 proposed new measure

Tobacco cessation

- HEDIS criteria:
 - Advising smokers and tobacco users to quit
 - Discussing cessation medications
 - Discussing cessation strategies
- Claims and supplemental data
 - Acceptable codes: 99406, 99407, G0436, G0437
- Paid across total number of members who received counseling in 2016

Proposed changes to measures in 2016

2016 PCP Incentive Program Measure set



	2016 Award	HMO/POS	Self-Funded ASO/PPO	Medicare	Medicaid
Clinical Outcomes					
Cervical Cancer Screenings	\$10	✓	✓		✓
Childhood Immunizations - 3	\$170	✓	✓		✓
Adolescent Immunizations	\$50	✓	✓		✓
Well Child Visits in the First 15 Months of Life	\$75	✓	✓		✓
Well Child Visits 3-6 Years	\$60	✓	✓		✓
Chlamydia Screenings	\$15	✓	✓		✓
Lead Screening	\$15				✓
Pediatric Obesity	\$0.25 pmpm	✓	✓		✓
Depression Screening	.20pmpm	✓	✓	✓	✓
Colorectal Cancer Screening	\$10	✓	✓	✓	✓
Diabetes Care: Controlled HbA1c less than 7.0%	\$25	✓	✓	✓	✓
Diabetes Care: Controlled HbA1c less than 8.0%	\$30	✓	✓	✓	✓
Diabetes Care: Controlled HbA1c less than or equal to 9.0%	\$25	✓	✓	✓	✓
Diabetes Care: Annual Retinal Eye Exam	\$15	✓	✓	✓	✓
Diabetes Care: Monitoring for Nephropathy	\$10	✓	✓	✓	✓
Diabetes Care: Hypertension Medication Therapy	\$40	✓	✓	✓	✓
Optimal Diabetes Care	Tiered: \$75/125/200	✓	✓	✓	✓
Hypertension: Controlled Blood Pressure	\$80	✓	✓	✓	✓
Senior Care Education	\$.25pmpm			✓	
Tobacco Cessation - New Measure	\$1,000,000 pool	✓			
Experience and Access					
Healthy Michigan Plan (Access +HRA)	\$25/\$25 per measured member				✓
CG CAHPS	\$.10 pmpm	✓	✓	✓	✓
Efficiency and Care Transformation					
Follow-up Visits Post Hospital Discharge	Retire	✓	✓	✓	✓
Care Management	\$3.25 pmpm	✓	✓	✓	✓
PCMH Recognition (or Care Management - not both)	\$1.00 pmpm	✓	✓	✓	✓
ED Visits: PCP Treatable Care	Shared savings	✓			

*Red text indicates measure modification

Retired Measures					
Follow-up Visits Post Hospital Discharge	Retire	✓	✓	✓	✓



2016 measure modifications

Modified measures	2016 award	Proposed modifications
Depression Screening	.20 pmpm	Changing from chart audit to supplemental data.
Optimal Diabetes Care	Tiered: \$75/125/200	Adding in DB: Controlled blood pressure to subset as it was in 2014 and adjusting targets based on median 2014 performance.
Senior Care Education	\$.25pmpm	Focusing on four elements of the annual wellness visit: physical health, mental health, risk of falls and fall prevention, and bladder control. Adding webcast with follow-on attestation survey.
CG CAHPS	\$.10 pmpm	Dropping attestation requirement - paid based on data submitted.
Care Management	\$3.25 pmpm	Removing transitional care codes from incentive consideration (still payable in the fee schedule). Increasing target from 2-3%, and adding 8 hours/yr. of required care management training.
Retired measures	2016 award	Proposed modifications
Follow-up Visits Post Hospital Discharge	Retire	Removing as paid measure but reporting will continue. Money to be reallocated within program.

Optimal diabetes performance: 2014

Five measures in the subset – Including DB: Controlled Blood Pressure – removed in 2015

HMO/ASO/PPO/Medicaid: 30% with a median score of 32.5%



Medicare: 52%, with a median score of 56%

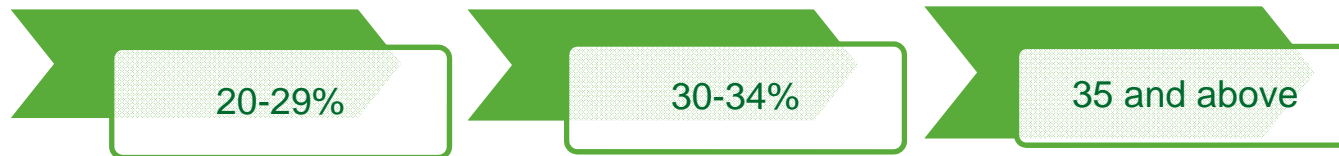


Proposal: Increase performance targets by 5% in HMO/ASO/PPO/Medicaid and 10% in Medicare

Optimal diabetes targets: 2016

Same five measures in the subset as in 2014 – creating new targets based on 2014 performance

HMO/ASO/PPO/Medicaid:



Medicare:



Care management population

	2014 PCP IP	2015 PCP IP
PCP sites offering care management	240	360
Membership in these practices	225,000	370,000

Care management criteria

2015	2016
Minimum of one part-time care manager	
National training program required for care managers	
Practice follows a team-based model of care	
Risk stratification or population segmentation identifies patients	
Payout is \$3.25 pmpm for all plans (HMO/POS, ASO/PPO, Medicare and Medicaid)	
Integrated care management activities	
Plan of care is required documentation	For new practice sites only
Submit self-reported data in June and December	Removed
Two percent (2%) combined plan target for members engaged in care management	Three percent (3%) combined plan target for members engaged in care management
NA	Ongoing care management training required, minimum of 8 hours per year

Care management codes

Acceptable care management codes (apply toward incentive target)
G9001: Coordinated care fee, initial assessment
G9002: Coordinated care fee, individual face-to-face visit
G9007: Coordinated care fee, scheduled team conference
G9008: Coordinated care fee, scheduled conference, physician oversight service
98966: Telephone assessment with a QHP, 5-10 minutes
98967: Telephone assessment with a QHP, 11-20 minutes
98968: Telephone assessment with a QHP, 21-30 minutes
99487: Complex chronic care coordination, first hour physician-directed, no face-to-face visit, per month
99489: Add-on code to 99487, each additional 30 minutes
99490: One month care management – Medicare only
Removing Codes: (will not apply toward incentive target)
99495: Transitional care management: moderate complexity, patient contact within two business days of discharge and a face-to-face within 14 calendar days of discharge
99496: Transitional care management: high complexity, patient contact within two business days of discharge and a face-to-face within seven calendar days of discharge