

Alabama Coordinated Health Network (ACHN)

Tuesday, September 17, 2019 -- The webinar will begin at 12:00 p.m. CST

Paying for Quality: Understanding Measures and Data Availability in the ACHN Program

Attention!

Please MUTE your phone and computer microphone!

- You will not hear any sound until the webinar begins.
- Use the Chat Box function to type in questions.
- Questions will be answered at the end of the webinar.

Paying for Quality: Understanding Measures and Data Availability in the ACHN Program



Connie Fails & Barry Cambron
Analytics Division
Alabama Medicaid Agency

Attribution Overview



- Attribution is the process that will be used to associate a Medicaid recipient to the PCP Group that provides primary care to that recipient.
 - PCP Groups must sign the two agreements (one with Medicaid, one with an ACHN entity) to participate.
- Under the ACHN Program, Medicaid recipients will be attributed to PCP Groups based on historical claims data utilization.
- PCPs are encouraged to continue seeing patients, as medically necessary, on a consistent basis to increase the likelihood of attribution.
- Attribution is a critical factor in determining distribution of bonus payments among eligible providers.
- Attribution will replace panel assignments. Under ACHN, the Patient 1st program ceases to exist and capitation payments will no longer be paid.
 - A smaller number of attributed members compared to members in the previous panel does not necessarily equate to a reduced payment.

Guiding Principles of Attribution Methodology



- Consistency with ACHN's principles of paying for activity.
- Continued emphasis on care coordination and health outcomes with a focus on preventative care.
- Acknowledgement that some recipients require specialist care.
- Evaluation of activities at the group level.

Key Steps in Attribution



- Medicaid recipients that have met criteria for the ACHN Program for three out of the previous 24 months will be attributed. This does not have to be a continuous period.
- The previous two-year history of face-to-face provider visits:
 - Both preventive visits and regular office visits are scored.
 - Preventive visits receive a higher point value.
 - Recent visits are scored higher than older visits.
 - PCP visits receive a higher point value than specialist visits.
- The previous 12-month history of filled prescriptions for chronic care conditions are scored.

Attribution Process



On a quarterly basis, the Medicaid Agency will determine attribution for each Medicaid recipient under the ACHN Program in accordance to the following process:

- Point values for face-to-face visits will be assigned to the individual provider that performed the service.
- The individual PCP scores will be combined to form the PCP Group's total point score for each patient.
- The PCP Group with the highest number of points will have the Medicaid recipient attributed to that PCP Group.
 - If a specialist group has the highest number of points, then the specialist group will be attributed the Medicaid recipient.

Guiding Principles for Quality Metrics



- The Department of Health and Human Services (HHS) identifies metrics that pertain to preventive services, treatment and management of medical conditions.
- The Centers for Medicare and Medicaid Services (CMS) collects quality measure data from all 50 states in an effort to strengthen quality of care and health outcomes.
- Specifications for adult and child core set measures are released annually by Health & Human Services.
- All measures are nationally validated and have standard specifications.
- The ACHN benchmarks are based on quality performance scores as reported by the various states and were adjusted as necessary.
- The primary focus is measurable attainable improvement in healthcare outcomes.

Quality Measure Benchmarks



- The benchmarks are performance rates for frequently reported measures among the states.
- The benchmarks are from CMS and are determined based on data captured from all states that report the measure.



- Quality Measure rates are calculated using the administrative claims data providers submitted to the agency.
- Quality Measures will also utilize data from other state agencies when applicable.
- Quality Measures will be evaluated by a third party External Quality Review Organization (EQRO).

Provider Quality Measures - Child



8 Provider Quality Measures

4 Child Quality Measures

W34-CH: Well-Child Visits in the 3rd, 4th, 5th, and 6th years of Life

AWC-CH: Adolescent Well-Care Visits

CIS-CH: Childhood Immunization Status - Combination 3

IMA-CH: Immunization For Adolescents - Combination 2

Provider Quality Measures - Adult



8 Provider Quality Measures

4 Adult Quality Measures

AMM-AD: Antidepressant Medication Management - Continuation Phase

HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1C (HBA1C) Testing

FUA-AD: Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

CHL-AD: Chlamydia Screening in Women Ages 21–24

Quality Score



The practice met 3 out of 5 quality metrics with a score of 60%

Example of PCP Quality Score Calculation Fletcher Family Practice

	Measure	Denominator	Numerator	Quality Score	Baseline	Benchmark	Met Target
Pediatric Measures	Well-Child Visits for Children 3-6 yrs of age	0	0	N/A	61.1%	66.7%	N/A
	Adolescent Well Care Visits	500	252	50.4%	43.0%	45.0%	Yes
	Immunization Status - Child (Combination 3)	0	0	N/A	66.5%	74.0%	N/A
	Immunization Status - Adolescent (Combination 2)	100	22	22.0%	20.4%	24.6%	No
Adult Measures	Antidepressant Medication Management (6 months) - Continuation Phase	0	0	N/A	29.6%	37.1%	N/A
	Recipients with diabetes who had a HbA1c test	200	112	56.0%	73.4%	83.3%	No
	Follow-Up after ED for Alcohol or other drug abuse (31 Days)	8	5	62.5%	35.8%	12.4%	Yes
	Chlamydia Screening in Women Ages 21 - 24	30	20	66.7%	9.7%	54.3%	Yes

Child Quality Measures



Measure Name	Description	Benchmark
W34-CH: Well-Child Visits in the 3rd, 4th, 5th, and 6th years of Life	Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.	66.7%
AWC-CH: Adolescent Well-Care Visits	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year.	45.0%

Child Quality Measures, Continued



Measure Name	Description	Benchmark
CIS-CH: Childhood Immunization Status Combination 3	Percentage of children age 2 who had specific vaccines by their second birthday. This measure calculates a rate for each vaccine and nine separate combination rates.	74.0%
IMA-CH: Immunization For Adolescents Combination 2	Percentage of adolescents age 13 who had the following vaccine series by their 13th birthday. This measure calculates a rate for each vaccine and two combination rates.	24.6%

Adolescent Immunizations



Combination	Meningococcal	Tdap	HPV
Combination 1	X	X	
Combination 2	X	X	X

Adult Quality Measures



Measure Name	Description	Benchmark
AMM-AD: Antidepressant Medication Management - Continuation Phase	Percentage of beneficiaries age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days (6 Months)	37.1%
HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1C (HBA1C) Testing	Percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test.	83.3%

Adult Quality Measures, Continued



Measure Name	Description	Benchmark
FUA-AD: Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Percentage of emergency department (ED) visits for beneficiaries age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a followup visit within 30 days (31 days total) of the ED visit for AOD abuse or dependence.	12.4%
CHL-AD: Chlamydia Screening in Women Ages 21–24	Percentage of women ages 21 to 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	54.3%

Quality Measures



8 Provider Quality Measures

4 Child Quality Measures

W34-CH: Well-Child Visits in the 3rd, 4th, 5th, and 6th years of Life

AWC-CH: Adolescent Well-Care Visits

CIS-CH: Childhood Immunization Status - Combination 3

IMA-CH: Immunization For Adolescents - Combination 2

4 Adult Quality Measures

AMM-AD: Antidepressant Medication Management - Continuation Phase

HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1C (HBA1C) Testing

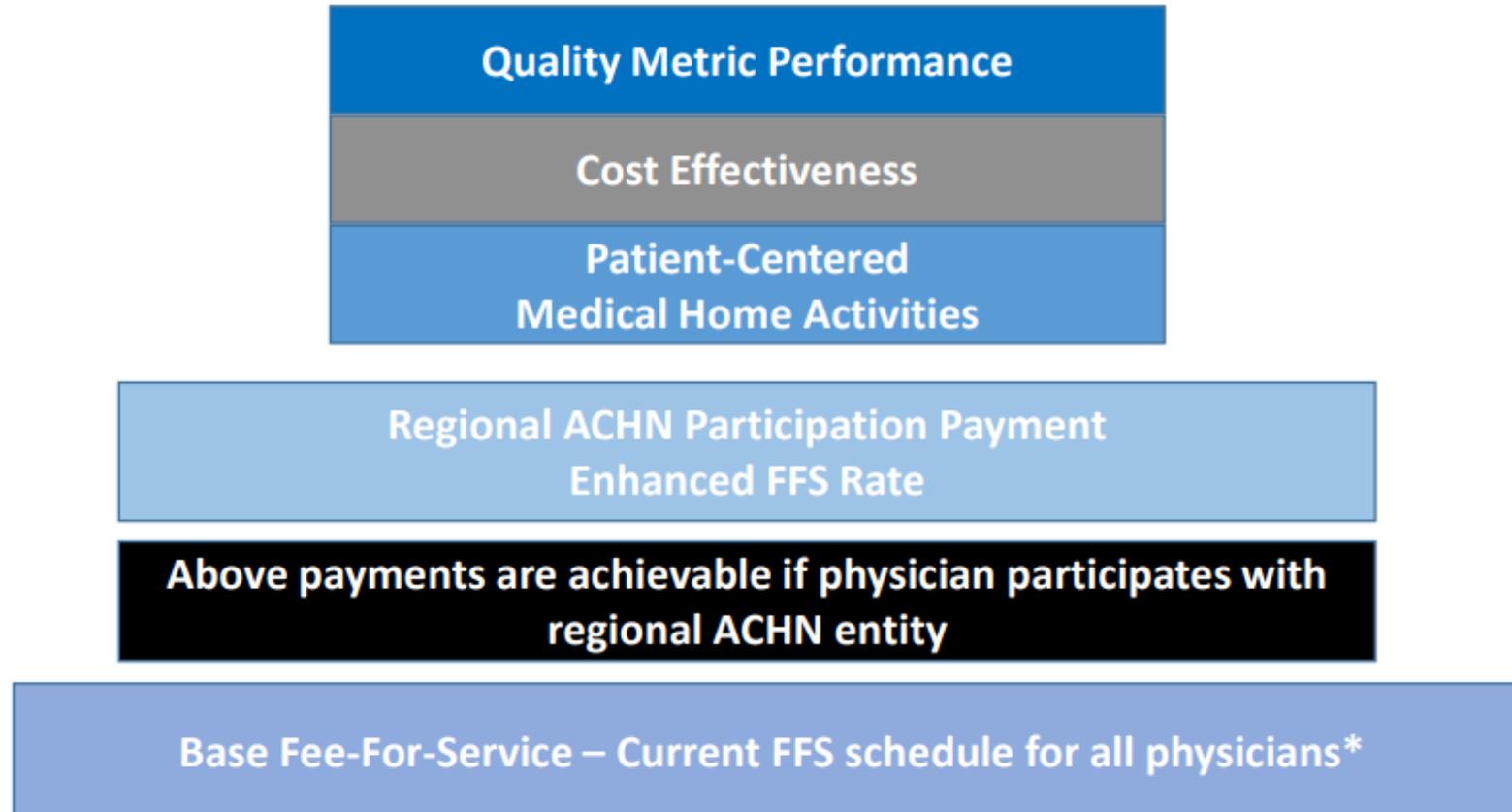
FUA-AD: Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

CHL-AD: Chlamydia Screening in Women Ages 21–24

Paying for Quality



PCP Payment Structure



* Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will **NOT** be eligible for Participation Rates or Bonus Payments.

PCP Bonus Payment Timeline



				Fall 2019			Winter 2020			Spring 2020			Summer 2020			Fall 2020			Winter 2021			Spring 2021			Summer 2021								
	July-19	August-19	September-19	October-19	November-19	December-19	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20	January-21	February-21	March-21	April-21	May-21	June-21	July-21	August-21	September-21						
Base Timeline Model For Initial Calculated Payment																																	
Patient Attribution				<i>Rolling 24 Month Lookback</i>																													
Quality							<i>Calendar Year w 6 Months Roll Out</i>																										
Cost Effectiveness				<i>12 Months Data w 3 Months Roll Out</i>																													
PCMH																																	
				<i>Data Source Month</i>									<i>First Calculated Payment Date</i>																				

Bonus Payments



BONUS PAYMENTS

This is a Bonus pool in the amount of \$15 million annually to fund three Bonus payments for Participating PCP groups.

The Bonus Payment pool is allotted as follows:

- 50% for Quality
- 45% for Cost Effectiveness
- 5% for PCMH Recognition

The first quarterly payment will be made on the first checkwrite in November 2019. Subsequent payments will be made on a quarterly basis beginning in January 2020.

Quality Bonus Payments



Quality Bonus Payments

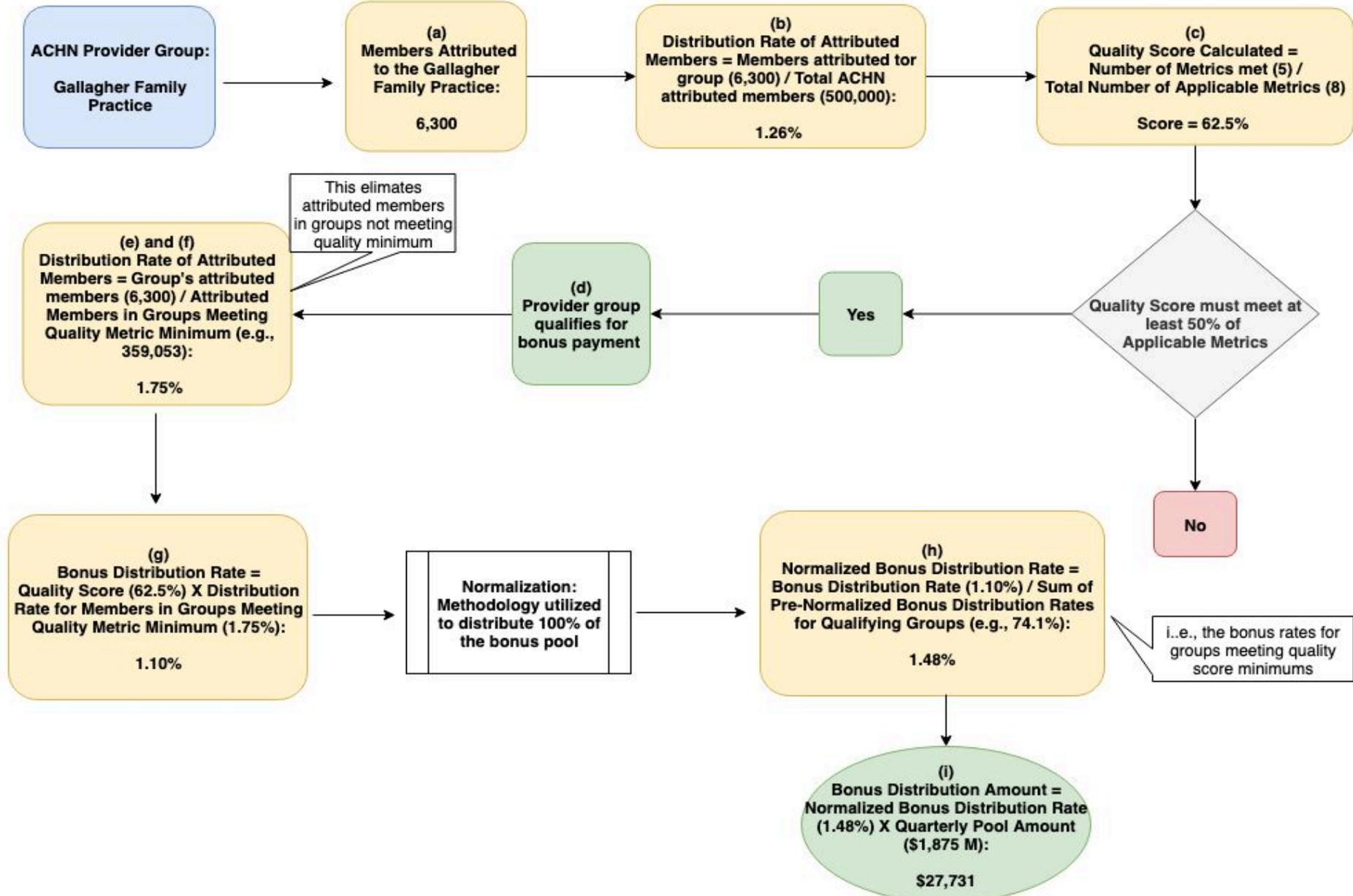
PCP groups will be eligible for a Bonus Payment if the PCP group meets the requirements described below:

- For the first seven quarters of the program, all practice groups will automatically receive Quality Bonus Payment that is based solely on the number of attributed patients.
- Beginning July 2021, the group must achieve annual Bonus benchmarks determined by the Agency.
- Benchmarks will be posted at www.medicaid.alabama.gov, will be updated annually (Click the ACHN tab/Provider), and are statewide.

ACHN PROVIDER GROUP QUALITY BONUS PAYMENT
 EXAMPLE: GALLAGHER FAMILY PRACTICE

Note: In this example, Total number of Attributed ACHN Members: 500,000

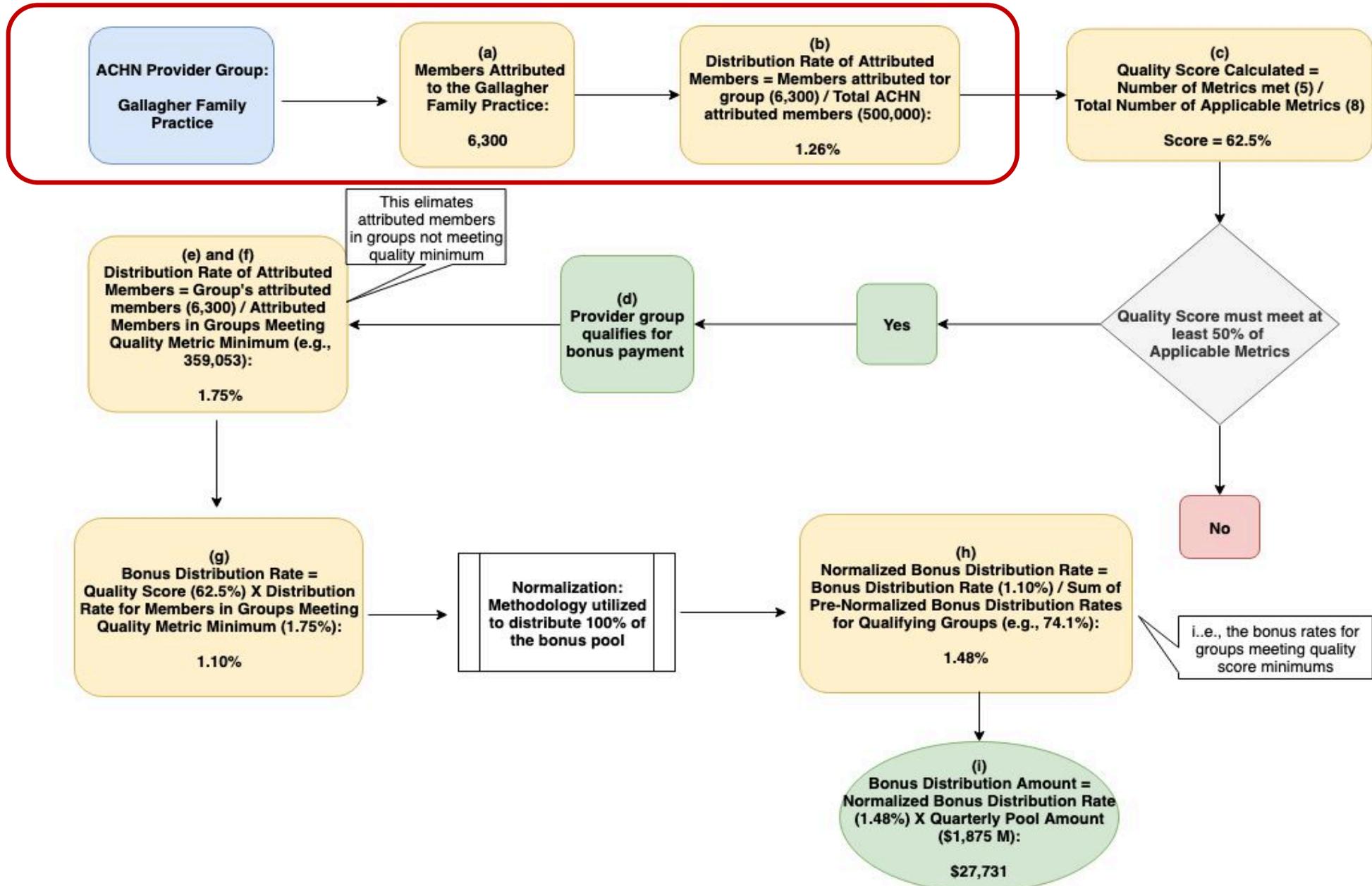
Quarterly Quality Bonus Payment Pool: \$1,875,000



ACHN PROVIDER GROUP QUALITY BONUS PAYMENT
 EXAMPLE: GALLAGHER FAMILY PRACTICE

Note: In this example, Total number of Attributed ACHN Members: 500,000

Quarterly Quality Bonus Payment Pool: \$1,875,000



ACHN Provider Group Quality Bonus Payment Example, Continued



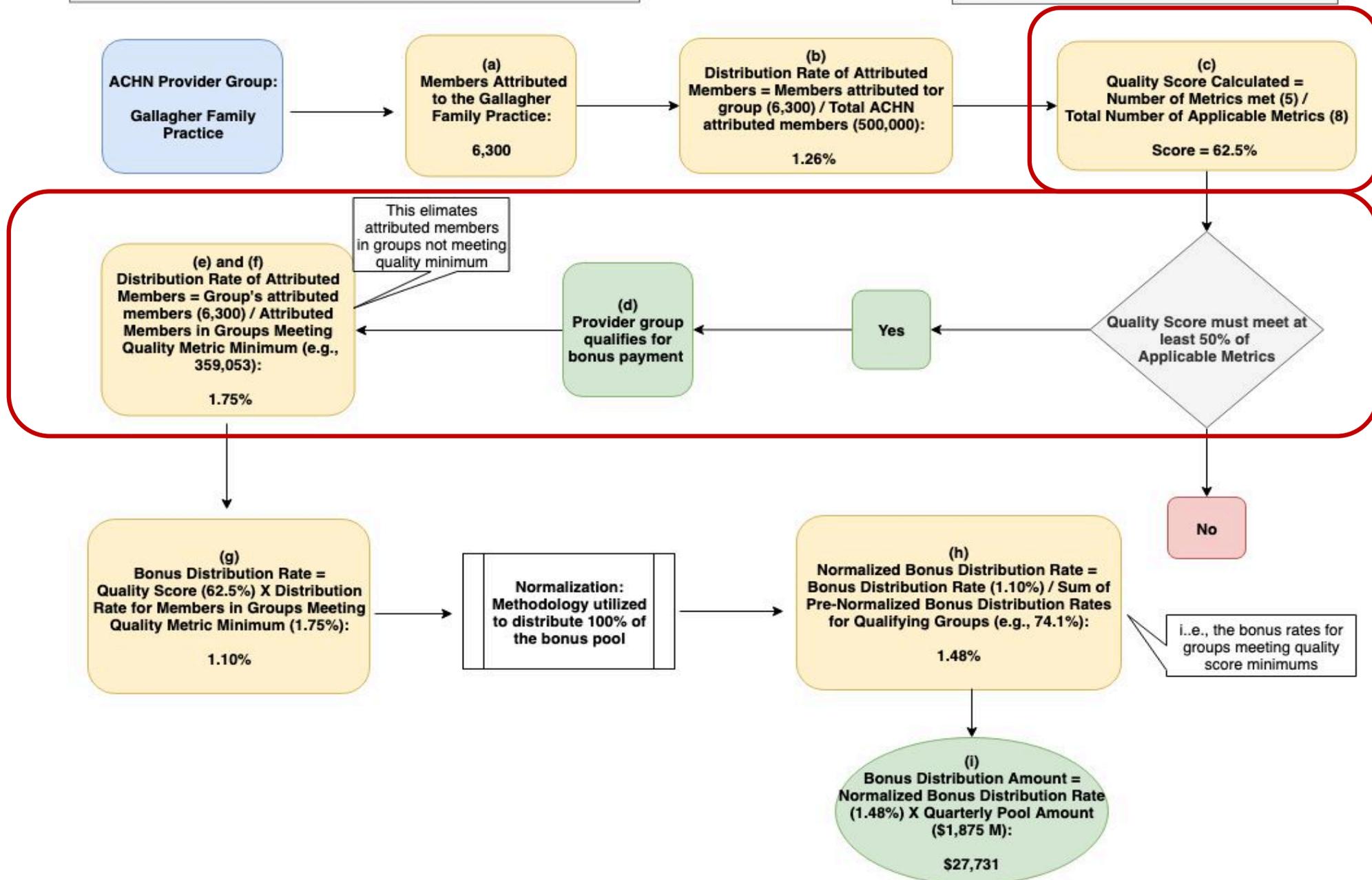
PCP Group	Member Attribution		Quality Scoring				Bonus Payment		
	Member Attribution	Distribution of Members	Quality Score	Met Quality Score Minimum?	Member Attribution Meeting Quality Minimum	Member Distribution for PCP Groups Meeting Quality Minimum	Bonus Distribution Rate	Normalized Bonus Distribution Rate	Normalized Bonus Amount
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Gallagher	6,300	1.26%	62.50%	Yes	6,300	1.75%	1.10%	1.48%	\$27,731
2	68,480	13.70%	87.5%	Yes	68,480	19.07%	16.69%	22.51%	\$422,005
3	68,480	13.70%	37.5%	No	-	0.00%	0.00%	0.00%	\$0
4	64,493	12.90%	75.0%	Yes	64,493	17.96%	13.47%	18.17%	\$340,660
5	14,071	2.81%	50.0%	Yes	14,071	3.92%	1.96%	2.64%	\$49,551
6	73,672	14.73%	75.0%	Yes	73,672	20.52%	15.39%	20.75%	\$389,142
7	38,110	7.62%	87.5%	Yes	38,110	10.61%	9.29%	12.53%	\$234,849
8	48,311	9.66%	50.0%	Yes	48,311	13.46%	6.73%	9.07%	\$170,123
9	72,467	14.49%	37.5%	No	-	0.00%	0.00%	0.00%	\$0
10	45,614	9.12%	75.0%	Yes	45,614	12.70%	9.53%	12.85%	\$240,939
Total	500,000	100.0%	63.8%		359,053	100.0%	74.1%	100.0%	\$1,875,000

Methodology.
(a) - Represents members attributed to PCP Group in the quarter.
(b) - Represents the distribution of members in each PCP Group compared to the total ACHN attributed members.
(c) - Represents the overall quality metric (number of metrics met divided by total number of applicable metrics) achieved by the PCP group.
(d) - Indicates whether the PCP met the minimum quality metric (50%) established by the Agency.
(e) - Represents members attributed to PCP Group in the quarter who met the minimum quality metric.
(f) - Represents the distribution of members in each PCP Group who met the minimum quality metric.
(g) - Bonus Distribution by PCP group before normalization (calculated by multiplying the Quality Score and member distribution in groups meeting minimum quality metric).
(h) - Bonus Distribution by PCP group after normalization (calculated by dividing the bonus distribution rate for each PCP group by the sum of total rates for qualifying groups).
(i) - Bonus Distribution is calculated by multiplying the normalized bonus distribution rate and the quarterly bonus amount.

ACHN PROVIDER GROUP QUALITY BONUS PAYMENT
EXAMPLE: GALLAGHER FAMILY PRACTICE

Note: In this example, Total number of Attributed ACHN Members: 500,000

Quarterly Quality Bonus Payment Pool: \$1,875,000



ACHN Provider Group Quality Bonus Payment Example, Continued



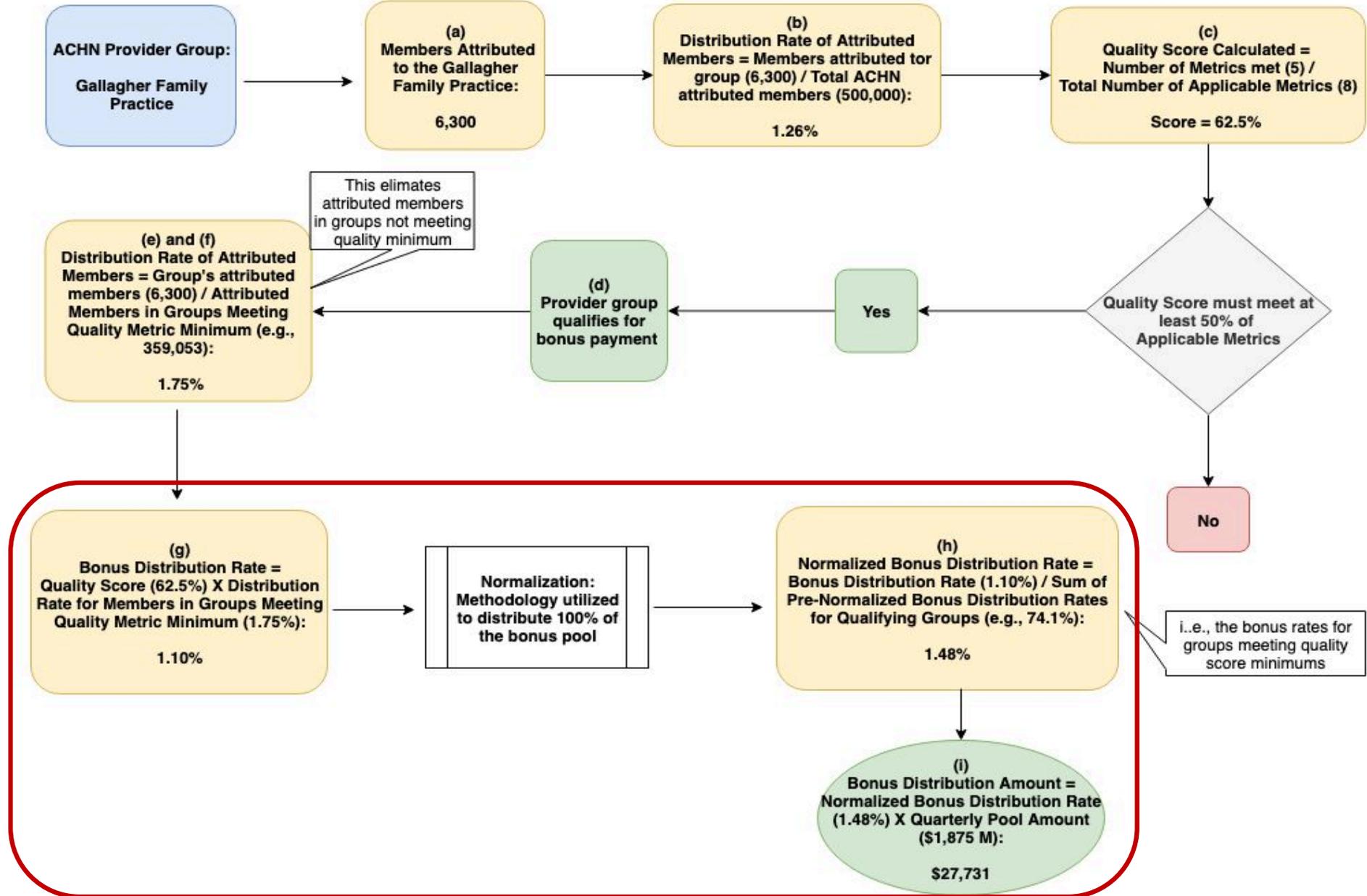
PCP Group	Member Attribution		Quality Scoring				Bonus Payment		
	Member Attribution	Distribution of Members	Quality Score	Met Quality Score Minimum?	Member Attribution Meeting Quality Minimum	Member Distribution for PCP Groups Meeting Quality Minimum	Bonus Distribution Rate	Normalized Bonus Distribution Rate	Normalized Bonus Distribution Amount
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Gallagher	6,300	1.26%	62.50%	Yes	6,300	1.75%	1.10%	1.48%	\$27,731
2	68,480	13.70%	87.5%	Yes	68,480	19.07%	16.69%	22.51%	\$422,005
3	68,480	13.70%	37.5%	No	-	0.00%	0.00%	0.00%	\$0
4	64,493	12.90%	75.0%	Yes	64,493	17.96%	13.47%	18.17%	\$340,660
5	14,071	2.81%	50.0%	Yes	14,071	3.92%	1.96%	2.64%	\$49,551
6	73,672	14.73%	75.0%	Yes	73,672	20.52%	15.39%	20.75%	\$389,142
7	38,110	7.62%	87.5%	Yes	38,110	10.61%	9.29%	12.53%	\$234,849
8	48,311	9.66%	50.0%	Yes	48,311	13.46%	6.73%	9.07%	\$170,123
9	72,467	14.49%	37.5%	No	-	0.00%	0.00%	0.00%	\$0
10	45,614	9.12%	75.0%	Yes	45,614	12.70%	9.53%	12.85%	\$240,939
Total	500,000	100.0%	63.8%		359,053	100.0%	74.1%	100.0%	\$1,875,000

Methodology:									
(a) - Represents members attributed to PCP Group in the quarter.									
(b) - Represents the distribution of members in each PCP Group compared to the total ACHN attributed members.									
(c) - Represents the overall quality metric (number of metrics met divided by total number of applicable metrics) achieved by the PCP group.									
(d) - Indicates whether the PCP met the minimum quality metric (50%) established by the Agency.									
(e) - Represents members attributed to PCP Group in the quarter who met the minimum quality metric.									
(f) - Represents the distribution of members in each PCP Group who met the minimum quality metric.									
(g) - Bonus Distribution by PCP group before normalization (calculated by multiplying the Quality Score and member distribution in groups meeting minimum quality metric).									
(h) - Bonus Distribution by PCP group after normalization (calculated by dividing the bonus distribution rate for each PCP group by the sum of total rates for qualifying groups).									
(i) - Bonus Distribution is calculated by multiplying the normalized bonus distribution rate and the quarterly bonus amount.									

ACHN PROVIDER GROUP QUALITY BONUS PAYMENT
 EXAMPLE: GALLAGHER FAMILY PRACTICE

Note: In this example, Total number of Attributed ACHN Members: 500,000

Quarterly Quality Bonus Payment Pool: \$1,875,000



ACHN Provider Group Quality Bonus Payment Example, Continued



PCP Group	Member Attribution		Quality Scoring				Bonus Payment		
	Member Attribution	Distribution of Members	Quality Score	Met Quality Score Minimum?	Member Attribution Meeting Quality Minimum	Member Distribution for PCP Groups Meeting Quality Minimum	Bonus Distribution Rate	Normalized Bonus Distribution Rate	Normalized Bonus Distribution Amount
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Gallagher	6,300	1.26%	62.50%	Yes	6,300	1.75%	1.10%	1.48%	\$27,731
2	68,480	13.70%	87.5%	Yes	68,480	19.07%	16.69%	22.51%	\$422,005
3	68,480	13.70%	37.5%	No	-	0.00%	0.00%	0.00%	\$0
4	64,493	12.90%	75.0%	Yes	64,493	17.96%	13.47%	18.17%	\$340,660
5	14,071	2.81%	50.0%	Yes	14,071	3.92%	1.96%	2.64%	\$49,551
6	73,672	14.73%	75.0%	Yes	73,672	20.52%	15.39%	20.75%	\$389,142
7	38,110	7.62%	87.5%	Yes	38,110	10.61%	9.29%	12.53%	\$234,849
8	48,311	9.66%	50.0%	Yes	48,311	13.46%	6.73%	9.07%	\$170,123
9	72,467	14.49%	37.5%	No	-	0.00%	0.00%	0.00%	\$0
10	45,614	9.12%	75.0%	Yes	45,614	12.70%	9.53%	12.85%	\$240,939
Total	500,000	100.0%	63.8%		359,053	100.0%	74.1%	100.0%	\$1,875,000

Methodology:									
(a)	- Represents members attributed to PCP Group in the quarter.								
(b)	- Represents the distribution of members in each PCP Group compared to the total ACHN attributed members.								
(c)	- Represents the overall quality metric (number of metrics met divided by total number of applicable metrics) achieved by the PCP group.								
(d)	- Indicates whether the PCP met the minimum quality metric (50%) established by the Agency.								
(e)	- Represents members attributed to PCP Group in the quarter who met the minimum quality metric.								
(f)	- Represents the distribution of members in each PCP Group who met the minimum quality metric.								
(g)	- Bonus Distribution by PCP group before normalization (calculated by multiplying the Quality Score and member distribution in groups meeting minimum quality metric).								
(h)	- Bonus Distribution by PCP group after normalization (calculated by dividing the bonus distribution rate for each PCP group by the sum of total rates for qualifying groups).								
(i)	- Bonus Distribution is calculated by multiplying the normalized bonus distribution rate and the quarterly bonus amount.								

Resources



Links to the 2019 Quality Measures Resources:

Child Technical Specifications and Resource Manual

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

Adult Technical Specifications and Resource Manual

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>

Additional Reporting Resources

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html>

Required BMI Reporting Update



- **Feedback**
- **BMI coding** will still be required on each claim; however, the same BMI can be re-used until the next well child check (where a BMI is typically determined) or sooner if the physician feels there is a clinical need for a BMI redetermination.
- **Monitoring the issue**

Questions



- **Website:** www.Medicaid.alabama.gov
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx
- **Direct Link to Frequently Asked Questions**
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.1_ACHN_FAQs.aspx
- **Submit questions for official response to:**
ACHN@medicaid.alabama.gov