





2018 P4P Overview



Hoosier Healthwise | Healthy Indiana Plan | Hoosier Care Connect







Agenda

-  MHS Pay For Performance (P4P)
-  Ambetter P4P Program
-  Secure Web Reporting
-  Question and Answer

What You Will Learn

1. Measure Overviews & Specifications
2. Documentation Requirements
3. Administrative Measures
4. How Payout is Calculated
5. Secure Web Reports

2018 P4P

-  Bonus Pay for Performance (P4P) fund written into Primary Medical Provider contracts
-  Measures are different for each product line
-  Measures aligned with HEDIS® and NCQA
-  Annual payout

2018 HHW P4P

Schedule A-2 A-1 for Hoosier Healthwise



Please send information to MHS Attn: P4P Program, 550 N. Meridian Suite 101 Indianapolis, IN 46204 or email to P4P@mhsindiana.com

Pay-For-Performance Measures			Goal Rate	Minimum Number of Covered Persons	Points
Children's Care (Quality)			42 points		
Childhood Immunization Status (CIS)COMBO 10	% of 2 year old Covered Persons who had the following immunizations by their second birthday: 4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 RV (depending on dose schedule), 2 Flu	HEDIS 75 th percentile	10		7 points
Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase	% of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase	HEDIS 75 th percentile	5		7 points
Follow-Up Care for Children Prescribed ADHD Medication – continuation phase	% of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended	HEDIS 75 th percentile	5		7 points
Well-Child Visits in the First 15 Months of Life (W15)	% of Covered Persons turning 15 mos within the current year who had 6 or more visits with PMP before turning 15 mos old	HEDIS 75 th percentile	10		7 points
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	% of Covered Persons who turned 3-6 years old within the year who had 1 or more well child visits within the current year	HEDIS 75 th percentile	10		7 points
Adolescent Well-Care Visits (AWC)	% of Covered Persons 12-21 years old who had at least 1 comprehensive well care visit with PMP or OB within the current year	HEDIS 75 th percentile	10		7 points

2018 HHW P4P

Maternal Care (Quality)					20 points
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care - % of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment	HEDIS 75th percentile	5		7 points
Prenatal and Postpartum Care (PPC)	Postpartum Care - % of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	HEDIS 75th percentile	5		7 points

Women's Care (Quality)					7 points
Chlamydia Screening in Women (CHL)	% of female Covered Persons age 16-24 years identified as sexually active who had at least one Chlamydia test in the current year	HEDIS 75th percentile	5		7 points
Respiratory Care					14 points
MED Management for People With Asthma (Med 75% rate)	% of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications and remained on an asthma controller medication for at least 75% of their treatment period	HEDIS 75th percentile	5		7 points
Asthma Medication Ratio (AMR) - total	% of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	HEDIS 75th percentile	5		7 points

2018 HHW P4P

Ambulatory Measures					7 points
Ambulatory Care (AMB) – ER utilization	utilization of ambulatory care in the ED - # visits per 1,000 member months	HEDIS 10th percentile	10		7 points
Provider Outreach (Administrative) Credit given for use of any 3 of the following 5:					10 points*
Provider-Initiated Preventive Health Outreach	Selected outreach condition must be applicable to at least 20% of total panel, i.e. telephonic campaign, Covered Person mailing campaign, special well-child health check day at your office. Report of Outreach must be received by MHS by December 31 of the measurement year. At a minimum, the outreach must be described and a list of Covered Persons who received the outreach must be included.				
Panel Size Increase	Increase panel size by 10%				
Training Attendance or Use of Bright Futures	Physician or Office Manager attendance in one MHS training/orientation sessions during the calendar year or documented use of the AAP Bright Futures program				
Use of Patient Satisfaction Survey	Use of a practice-level patient satisfaction survey, such as the American Academy of Family Physicians model questionnaire				
Use of EMR or MHS Well Visit Form	Use of Electronic Medical Record or the MHS Child or Adult Health Maintenance Form for well-visits				

*Use of 1 = 3 points

Use of 2 = 6 points

Use of 3 or more = 10 points

2018 HHW P4P Measures

Child and adolescent well-care

- Childhood immunization status (CIS)
- Well-child visits 0-15 months (W15)
- Well-child visits 3-6 years (W34)
- Well-adolescent visits 12-21 years (AWC)
- Follow-up care for children prescribed ADHD medication – Acute and Continuation phases (ADD)

Maternal care

- Timeliness/initiation of prenatal care (PPC)
- Postpartum care (PPC)

2018 HHW P4P Measures

Women's care

- Chlamydia screening (CHL)

Respiratory care

- MED Management for Asthmatics (MMA)
- Asthma Medication Ratio (AMR) – total

Ambulatory Measures

- Ambulatory Care (AMB) – ER utilization

2018 HIP P4P

Schedule A-2B-1 for HIP

Please send information to MHS Attn: P4P Program, 550 N. Meridian Suite 101 Indianapolis, IN 46204 or email to P4P@mhsindiana.com

Pay-For-Performance Measures			Goal Rate	Minimum Number of Covered Persons	Points
Women's Care (Quality)					21 points
	Chlamydia Screening in Women (CHL)	% of female Covered Persons age 16-24 years identified as sexually active who had at least one Chlamydia test in the current year	HEDIS 75th percentile	5	7 points
	Cervical Cancer Screening (CCS)	% of female Covered Persons age 24-64 years who received 1 or more Pap tests to screen for cervical cancer in the current year	HEDIS 75th percentile	5	7 points
	Breast Cancer Screening (BCS)	% of women 50-74 years of age who had a mammogram to screen for breast cancer	HEDIS 75th percentile	5	7 points
Maternal Care (Quality)					20 points
	Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care - % of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment	HEDIS 75th percentile	5	7 points
	Prenatal and Postpartum Care (PPC)	Postpartum Care - % of deliveries that had a postpartum visit on or between 21 and 56 days after delivery	HEDIS 75th percentile	5	7 points

2018 HIP P4P

Respiratory Care					14 points
	MED Management for People With Asthma (Med 75% rate)	% of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications and remained on an asthma controller medication for at least 75% of their treatment period	HEDIS 75th percentile	5	7 points
	Pharmacotherapy Management of COPD Exacerbation (PCE) - systemic corticosteroid	% of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event	HEDIS 75th percentile	5	7 points

Behavior Health Care					7 points
	Antidepressant Medication Management (AMM) – Acute Phase	% of members who remained on an antidepressant medication for at least 84 days (12 weeks)	HEDIS 75th percentile	5	7 points
Diabetes Care					14 points
	Diabetes Care - Eye exam (retinal) performed	% of members 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed	HEDIS 75th percentile	5	7 points
	Diabetes Care - Medical attention for nephropathy	% of members 18–75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy	HEDIS 75th percentile	5	7 points

2018 HIP P4P

Ambulatory Measures					14 points
Ambulatory Care (AMB) – ER utilization	utilization of ambulatory care in the ED - # visits per 1,000 member months	HEDIS 10th percentile	10	7 points	
Adults' Access to Preventive/Ambulatory Health Services (AAP)	% of members 20 years and older who had an ambulatory or preventive care visit	HEDIS 75th percentile	10	7 points	
Provider Outreach (Administrative) Credit given for use of any 3 of the following 5:					10 points*
Provider-Initiated Preventive Health Outreach	Selected outreach condition must be applicable to at least 20% of total panel, i.e. telephonic campaign, Covered Person mailing campaign, special well-child health check day at your office. Report of Outreach must be received by MHS by December 31 of the measurement year. At a minimum, the outreach must be described and a list of Covered Persons who received the outreach must be included.				
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Training Attendance or Use of Bright Futures	Physician or Office Manager attendance in one MHS training/orientation session during the calendar year or documented use of the AAP Bright Futures program				
Use of Patient Satisfaction Survey	Use of a practice-level patient satisfaction survey, such as the American Academy of Family Physicians model questionnaire				
Use of EMR or MHS Well Visit Form	Use of Electronic Medical Record or the MHS Adolescent or Adult Health Maintenance Form for well-visits				
P4P Scoring Key for Provider Outreach					
<ul style="list-style-type: none">• Complete one activity above to earn 3 Points. (30% payment for this section)• Complete two activities above to earn 6 Points. (60% payment for this section)• Complete three or more activities above and earn 100% payment for this section.					

2018 HIP P4P Measures

Maternal care

- Timeliness/initiation of prenatal care (PPC)
- Postpartum care (PPC)

Women's Care

- Chlamydia Screening (CHL)
- Cervical Cancer Screening (CCS)
- Breast Cancer Screening (BCS)

2018 HIP P4P Measures



Respiratory care

- MED Management for Asthmatics (MMA)
- Pharmacotherapy Management of COPD Exacerbation (PCE) - systemic corticosteroid



Behavior Health Care

- Antidepressant Med Management (AMM) – Acute Phase

2018 HIP P4P Measures

Diabetes Care (CDC)

- Diabetes Care - Eye exam (retinal) performed
- Diabetes Care - Medical attention for nephropathy

Ambulatory Measures

- Ambulatory Care (AMB) – ER utilization
- Adults' Access to Preventive/Ambulatory Health Services (AAP)

2018 HCC P4P

Schedule 2C-1A for Hoosier Care Connect

Please send information to MHS Attn: P4P Program, 550 N. Meridian Suite 101 Indianapolis, IN 46204 or email to P4P@mhsindiana.com

Pay-For-Performance Measures		Goal Rate	Minimum Number of Covered Persons	Points
Children's Care (Quality)				28 points
Childhood Immunization Status (CIS) COMBO 10	% of 2 year old Covered Persons who had the following immunizations by their second birthday: 4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 RV (depending on dose schedule), 2 Flu	HEDIS 75 th percentile	10	7 points
Well-Child Visits in the First 15 Months of Life (W15)	% of Covered Persons turning 15 months within the current year who had 6 or more visits with PMP before turning 15 months old	HEDIS 75 th percentile	10	7 points
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	% of Covered Persons who turned 3-6 years old within the year who had 1 or more well child visits within the current year	HEDIS 75 th percentile	10	7 points
Adolescent Well-Care Visits (AWC)	% of Covered Persons 12-21 years old who had at least 1 comprehensive well care visit with PMP or OB within the current year	HEDIS 75 th percentile	10	7 points
Respiratory Care				27 points
MED Management for People With Asthma (Med 75% rate)	% of members 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications and remained on an asthma controller medication for at least 75% of their treatment period	HEDIS 75 th percentile	5	7 points
Asthma Medication Ratio (AMR) - total	% of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	HEDIS 75 th percentile	5	7 points

2018 HCC P4P

	Pharmacotherapy Management of COPD Exacerbation (PCE) - systemic corticosteroid	% of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1– November 30 of the measurement year and who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event	HEDIS 75th percentile	5	7 points
	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	% of adults 18– 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within three days after the diagnosis. [Members with chronic respiratory disorders such as COPD and Cystic Fibrosis are excluded from this measure.]	HEDIS 75th percentile	5	6 points
Diabetes Care					14 points
	Diabetes Care - Eye exam (retinal) performed	% of members 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed	HEDIS 75th percentile	5	7 points
	Diabetes Care - Medical attention for nephropathy	% of members 18–75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy	HEDIS 75th percentile	5	7 points
Ambulatory Measures					14 points
	Ambulatory Care (AMB) – ER utilization	utilization of ambulatory care in the ED - # visits per 1,000 member months	HEDIS 10th percentile	10	7 points
	Adults' Access to Preventive/Ambulatory Health Services (AAP)	% of members 20 years and older who had an ambulatory or preventive care visit	HEDIS 75th percentile	10	7 points
Behavioral Health Care					7 points
	Antidepressant Medication Management (AMM) – Acute Phase	% of members who remained on an antidepressant medication for at least 84 days (12 weeks)	HEDIS 75th percentile	5	7 points

2018 HCC P4P

Provider Outreach (Administrative) Credit given for use of any 3 of the following 5:		10 points*
Provider-Initiated Preventive Health Outreach	Selected outreach condition must be applicable to at least 20% of total panel, i.e. telephonic campaign, Covered Person mailing campaign, special well-child health check day at your office. Report of Outreach must be received by MHS by December 31 of the measurement year. At a minimum, the outreach must be described and a list of Covered Persons who received the outreach must be included.	
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P4P Scoring Key for Provider Outreach <ul style="list-style-type: none"> Complete one activity above to earn 3 Points. (30% payment for this section) Complete two activities above to earn 6 Points. (60% payment for this section) Complete three or more activities above and earn 100% payment for this section. 		

2018 HCC P4P Measures



Child and adolescent well-care

- Childhood immunization status (CIS)
- Well-child visits 0-15 months (W15)
- Well-child visits 3-6 years (W34)
- Well-adolescent visits 12-21 years (AWC)



Behavior Health Care

- Antidepressant Medication Management (AMM) – Acute Phase

2018 HCC P4P Measures

Diabetes Care (CDC)

- Diabetes Care - Eye exam (retinal) performed
- Diabetes Care - Medical attention for nephropathy

Ambulatory Measures

- Ambulatory Care (AMB) – ER utilization
- Adults' Access to Preventive/Ambulatory Health Services (AAP)

2018 HCC P4P Measures

Respiratory Care


- MED Management for People With Asthma (MMA)
- Asthma Medication Ratio (AMR) – total
- Pharmacotherapy Management of COPD Exacerbation (PCE) - systemic corticosteroid
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

Measure Requirements

Child and Adolescent Measures


Childhood Immunization Status (CIS)


 **Applicable age group:** Children who turn two years of age in the measurement year.

-  **Requirements:** 4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 RV (depending on dose schedule), 2 Flu
- Except for HepB, vaccinations given prior to 42 days after birth or following the members 2nd birthday will not be counted
 - Members must be continuously enrolled with the health plan for 12 months prior to their 2nd birthday with no more than a 45 day gap in enrollment

Child and Adolescent Measures

Well-Child Visits 0-15 Months

 **Applicable members:** Children who turn 15 months old during the measurement year

-  **Requirement:** Six or more well child visits **by** 15 months of age.
- CPT – 99381-99382, 99391-99392
 - ICD-10 - Z00.110, Z00.111, Z00.121, Z00.129
 - Medical record documentation must include health history, physical exam, mental developmental history, physical developmental history, and anticipatory guidance/health ed.
 - Member must have been continuously enrolled with MHS from 31 days to 15 months of life with no more than a 45 day gap in enrollment

Child and Adolescent Measures

Well-Child Visits 3-6 Years

 **Applicable members:** Members who turn 3-6 years of age during the measurement year


 **Requirement:** At least one well-child visit during the measurement year

- CPT – 99382, 99383, 99392 , 99393
- ICD-10 - Z00.110, Z00.111, Z00.121, Z00.129
- Medical record documentation must include health history, physical exam, mental developmental history, physical developmental history, and anticipatory guidance/health ed.
- Member must be continuously enrolled with MHS for 12 months with no more than a 45 day gap in enrollment

Child and Adolescent Measures

Adolescent Well-Visit 12-21 Years




 **Applicable members:** Members who turn 12-21 years of age during the measurement year

 **Requirement:** At least one well-child visit during the measurement year

- CPT 99384-99385, 99394-99395
- ICD-10 – Z00.121, Z00.129, Z00.5, Z00.8, Z02.0
- HCPCS - G0438, G0439
- Medical record documentation must include health history, physical exam, mental developmental history, physical developmental history, and anticipatory guidance/health ed.
- Member must be continuously enrolled for 12 months with MHS with no more than a 45 day gap in enrollment


Child and Adolescent Measures


Follow-Up Care for Children Prescribed ADHD Medication

-  **Applicable members:** Members who turn 6 years as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year
-  **Index Prescription Start Date (IPSD)** - The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History
-  Members must be continuously enrolled 120 days (4 months) prior to the IPSD through 30 days after the IPSD with no gap in enrollment

Child and Adolescent Measures


Requirement:

 *Initiation Phase* – members with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the first 30-days after IPSD

 *Continuation Phase* - members with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended

Adult Measures

Antidepressant Med Management (AMM) – Acute Phase

 **Applicable members:** 18 years and older as of April 30 of the measurement year who were treated with antidepressant medication and had a diagnosis of major depression

Requirement:

- % members remained on an antidepressant medication for at least 84 days (12 weeks)
- Member must be continuously enrolled May 1 of the year prior to the measurement year through April 30 of the measurement year with MHS with no more than a 45 day gap in enrollment

Adult Measures

Ambulatory Care (AMB) – ER utilization

 **Applicable members:** all members

Requirement:

- Calculates # Visits/1,000 Member Months
- Each visit to an ED that does not result in an inpatient encounter counts once
- Multiple ED visits on the same date of service are counted as one visit

Adult Measures

Adults' Access to Preventive/Ambulatory Health Services (AAP)


 **Applicable members:** 20 years and older as of December 31 of the measurement year.


Requirement:

- One or more ambulatory or preventive care visits during the measurement year
- Members must be continuously enrolled for the measurement year with no more than one 45 day gap in enrollment

Maternal Care


Timeliness of Prenatal Care (PPC)


 **Applicable members:** Women who had a live birth between November 6 of the year prior to the measure year and November 5 of the measure year

 **Requirement:** Prenatal visit must occur within the first trimester or within 42 days of enrollment with MHS

Maternal Care


Postpartum Care


 **Applicable members:** Women who had a live birth between November 6 of the year prior to the measure year and November 5 of the measure year

 **Requirement:** At least 1 postpartum visit on or between 21 and 56 days after delivery

Women's Care

Chlamydia Screening

 **Applicable Members:** Women 16-24 years of age as of December 31st during the measurement year


 **Requirement:** Women who were identified as sexually active and had at least 1 test for Chlamydia during the measurement year

- Sexually active women are identified through evidence of a pregnancy test or prescription for a contraceptive
- Members cannot be excluded for receiving prescription contraceptives for off label use

Women's Care

Cervical Cancer Screening

 **Applicable members:** Women 21-64 years of age as of December 31st of the measurement year


 **Requirement:** Women 24-64 receive 1 Pap test during the measurement year or within 2 years prior OR women 30-64 receive cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years (must occur within 4 days of each other)

- Women who have had either a complete, total or radical hysterectomy (vaginal or abdominal) with evidence that the cervix has been removed can be excluded from the measure based on medical record documentation

Women's Care

Breast Cancer Screening

 **Applicable members:** Women 50-74 years of age as of December 31st of the measurement year


 **Requirement:** Women who have received at least 1 mammogram during the measurement year or as of October 1st 2 years prior

- Women who have had a bilateral mastectomy or two unilateral mastectomies can be excluded from this measure. Medical records will be required in order to exclude the member.

Respiratory Care

MED Management for People With Asthma (MMA)

 **Applicable members:** Members 5-64 years of age as of December 31st of the measurement year

 **Requirements:** Members identified with persistent asthma who were dispensed appropriate medications and remained on an asthma controller medication for at least 75% of their treatment period

- Member must be continuously enrolled with MHS for 24 months with no more than a 45 day gap in enrollment

Respiratory Care

Persistent asthma is defined as:

- 1 or more (ED) visits with a principal diagnosis of asthma; or
- 1 acute inpatient discharge with a principal diagnosis of asthma; or
- 4 or more outpatient visits with asthma as a diagnosis and at least 2 asthma medication events; or
- 4 or more asthma medication dispensing events


Respiratory Care


APPROPRIATE MEDICATIONS:

- Antiasthmatic combinations
- Antibody inhibitor
- Inhaled steroid combinations
- Inhaled corticosteroids
- Leukotriene modifiers
- Mast cell stabilizers
- Methylxanthines

Respiratory Care

Asthma Medication Ratio (AMR) – total


 **Applicable members:** Members 5-64 years of age as of December 31st of the measurement year

 **Requirements:** Members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year

- Member must be continuously enrolled with MHS for 24 months with no more than a 45 day gap in enrollment

Respiratory Care

Pharmacotherapy Management of COPD Exacerbation (PCE) - systemic corticosteroid


 **Applicable members:** Members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications

 **Requirements:** Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event

Respiratory Care


Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)


 **Applicable members:** Members 18 - 64 years of age and older.

 **Requirements:** Diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

Diabetes Care (CDC)

Diabetes Care – Eye Exam



 **Applicable members:** Members ages 18-75 as of December 31st of the measurement year with diabetes (types 1 & 2)

 **Requirements:** Members identified with diabetes (types 1 & 2) who had a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) completed every year OR a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior

- Member must be continuously enrolled with MHS for 24 months with no more than a 45 day gap in enrollment






Diabetes Care

Diabetes Care – Monitoring for Nephropathy

-  **Applicable members:** Members ages 18-75 as of December 31st of the measurement year with diabetes (types 1 & 2)
-  **Requirements:** Members identified with diabetes (types 1 & 2) who had a nephropathy screening performed at least once per year or already have evidence of kidney disease
- A member who is on ACE/ARBs or has nephropathy is compliant for this measure
 - Member must be continuously enrolled with MHS for 24 months with no more than a 45 day gap in enrollment

Administrative Measures

Credit given for use of any 3 of the following 5 measures:

-  Provider-Initiated Preventive Health Outreach
-  Panel Size Increase by 10%
-  Physician or Office Manager attendance at one MHS training/orientation session during the calendar year or documented use of the AAP Bright Futures program
-  Use of Patient Satisfaction Survey
-  Use of EMR or MHS Well Visit Form

Secure Web Portal Reporting

P4P Scorecards

Reports updated regularly on secure portal

 Group scorecards





 Individual scorecards

 Members in Need of Services lists

* Send email to P4P@mhsindiana.com to sign up to receive email alerts when documents are posted!

Scorecards

Updated measurement rates on scorecards include:

-  Claims data (pharmacy, encounter/medical
-  CHIRP / Lab results
-  Medical record documentation
-  Collected annually



MHS Secure Portal



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Contrast language▼

Select Your Plan Below

FOR MEMBERS

FOR PROVIDERS

GET INSURED

Ambetter From MHS

Healthy Indiana Plan

Hoosier Healthwise

Hoosier Care Connect

One Plan.
Always Covered.

Our health insurance programs are committed to transforming the health of the community one individual at a time.



Find a Provider

Finding a doctor is quick and easy. Search for Primary Medical Providers, hospitals, pharmacies and more.



Get Insured

Health insurance shouldn't be stressful. Get more information on the health coverage we provide.



Coming Soon!

New health plans starting October 1!

MHS Secure Portal

Quick Eligibility Check

Member ID or Last Name

Birthdate

123456789 or Smith

mm/dd/yyyy

Check Eligibility

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	12/01/2015		
	12/01/2015		

Welcome

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Group Scorecard Example

Group name:

Time period covered by this report: YTD 2015 - 1/1/2015 thru 11/30/2015

Group Performance Metrics

Prod	Measure	Minimum applicable members needed for measurement	Number of applicable Members in your practice	Number of Members who comply with the applicable criteria	Group average percentage of members who comply with the criteria	NCQA 75th percentile of members who comply with the criteria (MHS GOAL)	Members needed to reach MHS GOAL
HHW	Adolescent Well Care	10	32	10	31.25%	59.98%	10
HHW	Cervical Cancer	8	1	0	0.00%	67.88%	1
HHW	Childhood Imm - Combo 2	10	1	0	0.00%	79.40%	1
HHW	Chlamydia Screening - Total	10	1	0	0.00%	61.98%	1
HHW	Lead Screening	10	1	0	0.00%	79.67%	1
HHW	Well Child 3-6 Years	10	11	4	36.36%	78.46%	5
HIP	CDC AII - Eye Exam	0	3	2	66.67%	62.30%	0
HIP	CDC AII - LDL Test	0	3	3	100.00%	79.52%	0
HIP	Cervical Cancer	0	25	9	36.00%	72.99%	10
HIP	Chlamydia Screening - Total	0	1	0	0.00%	61.81%	1
HIP	Colorectal Cancer	0	1	1	100.00%	61.90%	0

0112.QI.P.FL

Provider Scorecard Example

Provider Scorecard Example

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	TaxID	Group Name	ProVID	PMP_Name	LOB	ADDRESS1	ADDRESS2	CITY	STATE	ZIP	Measure Name	Applicable Members	Compliant Members	Physician Score1	Benchmark Rate1	Nbr Needed to Compliance
1	1234567890	Community Provider Group of Yellow County	INA123	A. SMITH	HCC	1 Main Street		Indianapolis	IN	46214	Adolescent Well Care	7	3	42.86%	59.72%	2
2	1234567890	Community Provider Group of Yellow County	INA124	A. SMITH	HCC	1 Main Street		Indianapolis	IN	46214	Adults' Access to Preventive/Ambulatory Health Services (AAP)	24	11	45.83%	85.97%	10
3	1234567890	Community Provider Group of Yellow County	INA125	A. SMITH	HCC	1 Main Street		Indianapolis	IN	46214	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	1	0	0.00%	33.74%	1
4	1234567890	Community Provider Group of Yellow County	INA126	A. SMITH	HCC	1 Main Street		Indianapolis	IN	46214	Diabetes Care - Eye exam (retinal) performed	1	1	100.00%	63.33%	0
5	1234567890	Community Provider Group of Yellow County	INA127	A. SMITH	HCC	1 Main Street		Indianapolis	IN	46214	Diabetes Care - Medical attention for nephropathy	1	1	100.00%	91.67%	0
6	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HHW	1 Main Street		Indianapolis	IN	46214	Adolescent Well Care	10	3	30.00%	59.72%	3
7	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HHW	1 Main Street		Indianapolis	IN	46214	Chlamydia Screening	5	2	40.00%	63.73%	2
8	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HHW	1 Main Street		Indianapolis	IN	46214	Prenat Postpart Care - Postpartum	1	1	100.00%	69.44%	0
9	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HHW	1 Main Street		Indianapolis	IN	46214	Prenat Postpart Care - Prenatal	1	1	100.00%	88.59%	0
10	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HIP	1 Main Street		Indianapolis	IN	46214	Adults' Access to Preventive/Ambulatory Health Services (AAP)	49	18	36.73%	85.97%	25
11	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HIP	1 Main Street		Indianapolis	IN	46214	Antidepressant Medication Management (AMM) – Acute Phase	2	1	50.00%	56.94%	1
12	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HIP	1 Main Street		Indianapolis	IN	46214	Breast Cancer	8	3	37.50%	65.52%	3
13	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HIP	1 Main Street		Indianapolis	IN	46214	Cervical Cancer	40	11	27.50%	65.90%	16
14	1234567890	Community Provider Group of Yellow County	123456	JOHNSON JOHNSON	HIP	1 Main Street		Indianapolis	IN	46214	Chlamydia Screening	2	1	50.00%	63.73%	1
15	1234567890	Community Provider Group of Yellow County	456789	BILL WILLIAMS	HIP	1 Main Street		Indianapolis	IN	46214	Diabetes Care - Eye exam (retinal) performed	2	0	0.00%	63.33%	2
16	1234567890	Community Provider Group of Yellow County	456789	BILL WILLIAMS	HIP	1 Main Street		Indianapolis	IN	46214	Diabetes Care - Medical attention for nephropathy	2	1	50.00%	91.67%	1
17	1234567890	Community Provider Group of Yellow County	456789	BILL WILLIAMS	HCC	1 Main Street		Indianapolis	IN	46214	Adolescent Well Care	13	2	15.38%	59.72%	6
18	1234567890	Community Provider Group of Yellow County	456789	BILL WILLIAMS	HCC	1 Main Street		Indianapolis	IN	46214	Adults' Access to Preventive/Ambulatory Health Services (AAP)	4	0	0.00%	85.97%	4
19	1234567890	Community Provider Group of Yellow County	456789	BILL WILLIAMS	HCC	1 Main Street		Indianapolis	IN	46214	Childhood Imm - Combo 10	1	0	0.00%	39.66%	1
20	1234567890	Community Provider Group of Yellow County	456789	BILL WILLIAMS	HCC	1 Main Street		Indianapolis	IN	46214	Well Child 3-6 Years	6	3	50.00%	78.51%	2
21	1234567890	Community Provider Group of Yellow County	QWE789	THOMAS DONALD	HHW	1 Main Street		Indianapolis	IN	46214	Adolescent Well Care	24	3	12.50%	59.72%	12
22	1234567890	Community Provider Group of Yellow County	QWE790	THOMAS DONALD	HHW	1 Main Street		Indianapolis	IN	46214	Asthma Medication Ratio (AMR) - total	1	1	100.00%	67.45%	0
23	1234567890	Community Provider Group of Yellow County	QWE791	THOMAS DONALD	HHW	1 Main Street		Indianapolis	IN	46214	Childhood Imm - Combo 10	9	0	0.00%	39.66%	4
24	1234567890	Community Provider Group of Yellow County	QWE792	THOMAS DONALD	HHW	1 Main Street		Indianapolis	IN	46214	Chlamydia Screening	2	0	0.00%	63.73%	2
25	1234567890	Community Provider Group of Yellow County	QWE793	THOMAS DONALD	HHW	1 Main Street		Indianapolis	IN	46214	Follow-Up Care for Children Prescribed ADHD Medication – Initiation	1	0	0.00%	51.83%	1
26	1234567890	Community Provider Group of Yellow County	QWE794	THOMAS DONALD	HHW	1 Main Street		Indianapolis	IN	46214	Med Mgmt Asthma - Total 75%	1	0	0.00%	40.09%	1
27	1234567890	Community Provider Group of Yellow County	QWE795	THOMAS DONALD	HHW	1 Main Street		Indianapolis	IN	46214	Well Child 15 Months - 6+ visits	9	5	55.56%	68.66%	2



Excel file



Sortable



Filterable

Member Gap List Example

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
TaxID	ProvID	Group Name	PMP_Name	Member Name	Member RID	BIRTH_DATE	Service Name	Member Address	Member Address	Member City	Member State	Member ZIP	Member Phone	Member LOB
10945560	P10000189	General H	John Doe	KENDALL	10536999999	4/15/2003	Adolescer	872 S 100TH ST		NOBLES	IN	46060	(317)483-1	HHW
10945560	P10000189	General H	John Doe	Stick, Croc	10536999999	8/30/2010	Well Child	654 CHERRY ST		NOBLES	IN	46060	(317)483-1	HHW
10945560	P10000189	General H	John Doe	NOE, Jane	10536999999	5/26/1995	Chlamydia Screening - Total			BLOOMIN	IN	46060	(317)483-1	HIP

 Excel file




 Sortable

 Filterable

P4P Payout Calculations

Payout calculations based on final HEDIS admin rates and paid at group level.

Factors include –

-  Panel size – must have at least 150 members
-  Required number of members qualified per measure
-  Funds from measures without enough members get rolled into other qualifying measures



P4P Program

2018 P4P Overview

2018 Pay For Performance Program

- Committed to improving outcomes
- Building a deeper PCP engagement with our members
- Rewarding providers who share in our vision








Highlights of our Program

- No penalty associated with smaller panel sizes
- Each measure is evaluated independently
- Can receive payment for one, multiple or all of the measures
- Two targets for each measure which will allow incentive payments on incremental improvements
- No complicated math

2018 P4P Overview

Objective	Enhance quality of care through a PCP driven pay for performance program with a focus on preventative and screening services
Member Attribution	Members assigned to physician
Targeted Services	<p>Measures will be based off the QRS HEDIS tech specs</p> <ol style="list-style-type: none"> 1. Annual Monitoring of People w/Persistent Meds 2. Avoidant of Antibiotic Treatment in Adults with Acute Bronchitis 3. Use of Imaging Studies for Low Back Pain 4. Breast Cancer Screening 5. Cervical Cancer Screening 6. Colorectal Cancer Screening 7. Chlamydia Screening in Woman 8. Proportion of Days Covered (RAS) 9. Proportion of Days Covered (Statins) 10. Proportion of Days Covered (Diabetes) 11. AMM – Acute Phase 12. AMM – Effective Continuation Phase 13. CDC – HbA1c Testing 14. CDC – Nephropathy 15. Medical Management of People w/Asthma_75% 16. Controlling Blood Sugar <8% 17. CDC - Controlling Blood Pressure
Performance Incentive	<ul style="list-style-type: none"> • Total eligible bonus \$4 PMPM • Payout is based upon meeting designated target(s) for selected measures
Requirements for Payout	<ul style="list-style-type: none"> • Payout 75% of total PMPM for reaching Target 1 • Payout 100% of total PMPM for reaching Target 2
Payout	<ul style="list-style-type: none"> • Three payouts per year (Q2/Q3/Q4 Final Reconciliation) • Monthly reporting gaps in care • Monthly performance scorecards

Structure of Ambetter P4P

-  Measures are evaluated using NCQA HEDIS established guidelines except minimum qualified events per event is one (1) instead of thirty (30)
-  There are 17 measures in the program, each has two targets
-  Target 1 is set at the QRS 4-Star target and Target 2 is set at the QRS 5-Star target
-  Each measure is evaluated if there is at least one (1) qualified event in the denominator, providers can qualify and receive an incentive payment for one, multiple or all of the measures
-  The total bonus amount eligible to the provider is based upon \$4 PMPM times the providers member months
-  The bonus amount eligible for each measure is computed by taking the total bonus dollar amount and dividing it by the number of measures with greater than one (1) in the denominator
-  If the provider reaches the first target the bonus is paid at 75% of the PMPM total amount for that measures, if the provider reaches the second target the bonus is then paid at 100% of the PMPM amount

2018 MARKETPLACE P4P

Measure	Target 1 (Pays 75% PMPM)	Target 2 (Pays 100% PMPM)
Annual Monitoring of People with Persistent Medications	87%	89%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	33%	44%
Use of Imaging Studies for Low Back Pain	79%	84%
Breast Cancer Screening - Total	74%	79%
Cervical Cancer Screening	65%	71%
Colorectal Cancer Screening	60%	67%
Proportion of Days Covered (RAS Antagonists)	79%	83%
Proportion of Days Covered (Statins)	74%	78%
Antidepressant Medication Management - Acute Phase	69%	72%
Antidepressant Medication Management - Effective Continuation Phase Treatment	69%	72%
Chlamydia Screening in Women - Total	55%	64%
Comprehensive Diabetes Care - HbA1c Testing	94%	95%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	93%	94%
Proportion of Days Covered (Diabetes - All Class)	74%	79%
Medical Management of People with Asthma_75%	58%	63%
* Controlling Blood Sugar	67%	69%
* CDC_Controlling Blood Pressure	69%	76%

**New measure for 2018 P4P program*

Target 1 is set at the QRS 4-Star level and Target 2 is set at a QRS 5-Star level.

Scorecard Calculation

Provider Information

Plan: IN

Parent TIN :
Model :
Member Months : 37,337

Member Panel : 4,056
Report Period : 1/1/2017 - 9/30/2017
Contract Period : 1/1/2017 - 12/31/2017

Affiliated TIN

Definitions

PDF Report

Summary

Detail

VBC dollars and care gaps shown represent all affiliated TINs in the group.
Select the Affiliated TINs link above to view detail.

Qualifying Measures : 15

Measures Receiving Payment : 4

Minimum Qualified Measure : 1

PMPM Rate : \$4.00

Member Months : 37,337

Maximum Bonus : \$149,348.00

Earned Amount : \$37,336.99

Unearned Amount : \$112,011.01

Paid Amount : \$10,003.00

\$160,000

\$140,000

\$120,000

\$100,000

\$80,000

\$60,000

\$40,000

\$20,000

\$0

</

A


Compliant/Qualified = Score or $508/735 = 69.12\%$
 Target #1 = 67.00% provider receives 75% of PMPM for that measure
 Payout = $\$9,956.53 \times .75 = \underline{\$7,467.40}$


B

Score $7/12 = 58.33\%$
 Target #1 58.33% provider receives 100% of PMPM
 Payout = $\$9,956.53 \times 100\% = \underline{\$9,956.53}$

Ambetter P4P Program

Resources to Assist You

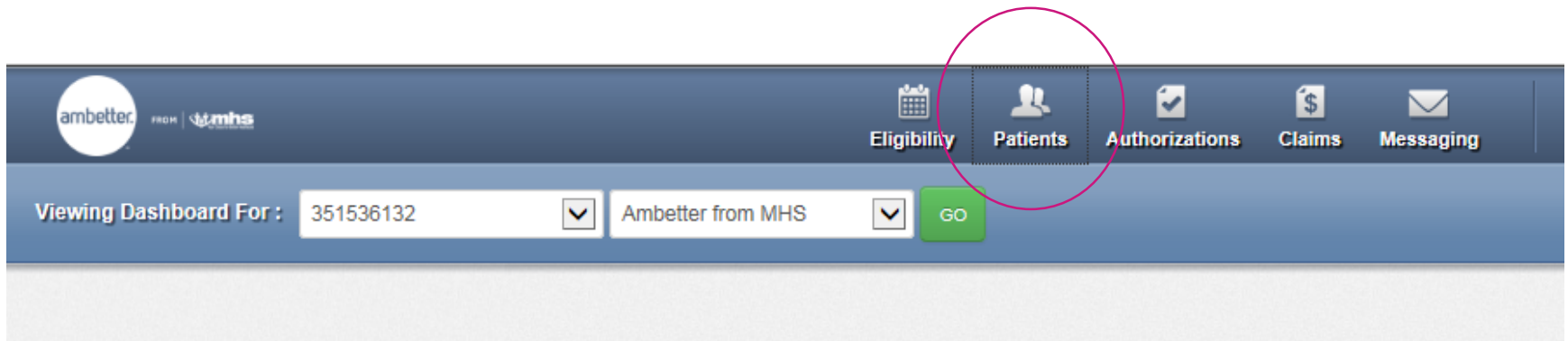
 **Quarterly Care Gaps Report** - identifies Care Gaps for each of your Ambetter patients; is based on claims data; you may have more recent information on the services provided to the patient.

 **Patient List/Member Roster** - online Secure Provider Portal which provides you access to your Ambetter Patient List/Member Roster. The roster shows the Members who have selected you as their PCP, along with their Care Gaps and contact information. This list can be downloaded at any time.



Ambetter P4P Program

 Visit ambetter.mhsindiana.com to sign up or log in to the Secure Portal

 Click on the Patients Button



Ambetter P4P Program

-  Patient List/Member Roster will be displayed
-  Patients with a “CG” indicate that there are Care Gaps. When you hover over this button, it will display the specific Care Gaps

Patient List as of

09/16/2016

→

Download

Filter

This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.

Eligible	Member Name ↑	Member ID ↑	Program Name	Date of Birth ↑	ALERTS
	<div></div>	<div></div>	Ambetter	11/09/1971	<div>CG</div> <div>DM</div>
			Ambetter	12/29/1951	<div>CG</div> <div>DM</div>
			Ambetter	02/12/1954	<div>CG</div>
			Ambetter	03/18/1968	<div>CG</div>



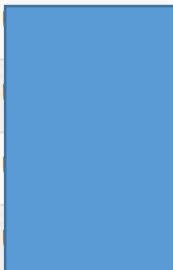



Ambetter P4P Program



Click on the “Download” button to download the Patient List/Member Roster in Excel format

Patient List as of

This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.

Eligible	Member Name ↑	Member ID ↑	Program Name	Date of Birth ↑	ALERTS
			Ambetter	11/09/1971	<input type="button" value="CG"/> <input type="button" value="DM"/>
			Ambetter	12/29/1951	<input type="button" value="CG"/> <input type="button" value="DM"/>
			Ambetter	02/12/1954	<input type="button" value="CG"/>
			Ambetter	03/18/1968	<input type="button" value="CG"/>

Ambetter P4P Program

Below is an illustration of the calculation of the incentive payment.

Member Months	251
Quality PMPM	\$4.00 = payout per P4P program
Maximum Bonus	\$ 1,004 = max amount if every member is compliant in HEDIS
Quality Score	75.00% = computed below, 24 /divided by 32
Eligible Bonus	<u>\$ 753.00</u> = total bonus payment if meet eligibility review
Meets Eligibility Criteria	Yes
Actual Bonus	<u>\$ 753.00</u> = meets eligibility criteria review above, actual payment

Scorecard Report for Provider: DEF Physician Group

Measures	Sum of Qualified	Sum of Compliant	Score	Target %	Meet Target
HEDIS Measurement #1	15	12	80.00%	25%	Yes
HEDIS Measurement #2	6	6	100.00%	25%	Yes
HEDIS Measurement #3	3	2	66.67%	50%	Yes
HEDIS Measurement #4	-	-	0.00%	50%	No
HEDIS Measurement #5	3	1	33.33%	50%	No
HEDIS Measurement #6	-	-	0.00%	50%	No
HEDIS Measurement #7	3	1	33.33%	50%	No
HEDIS Measurement #8	-	-	0.00%	25%	No
HEDIS Measurement #9	-	-	0.00%	25%	No
HEDIS Measurement #10	2	2	100.00%	25%	Yes
Total	32	24	75.00%		

Eligibility Review:

- #1 – Greater than 30 in total HEDIS Qualified Pool = **YES, we have a total "sum qualified" of 32 which exceeds the minimum of 30**
- #2 – Total quality score greater than 50% = **YES, we have an overall total quality "score" of 75%**
- #3 – Compliant in at least 30% of the measures = **YES, four of the six qualifying measures (66%) meet the established threshold of 50%, measures 1,2,3,10 meet the 50% minimum score to qualify, measures 4,6,8,9 are not considered as they do not have atleast one qualified event**

PCP Payment:

Maximum Bonus	= \$ 1,004.00
Quality Score (75%)	= <u>.75</u>
Actual Bonus	= \$ 753.00

Overall Total Quality Score:

Compliant / Qualified = Total Quality Score
24 / 32 = .75 or 75%

Score %: (individual measure)

Compliant / Qualified = Measurement Score
Measurement #1 12 / 15 = .80 or 80%

Questions and Answers