

Opportunities in Value-Based Pay

NACHC FOMIT
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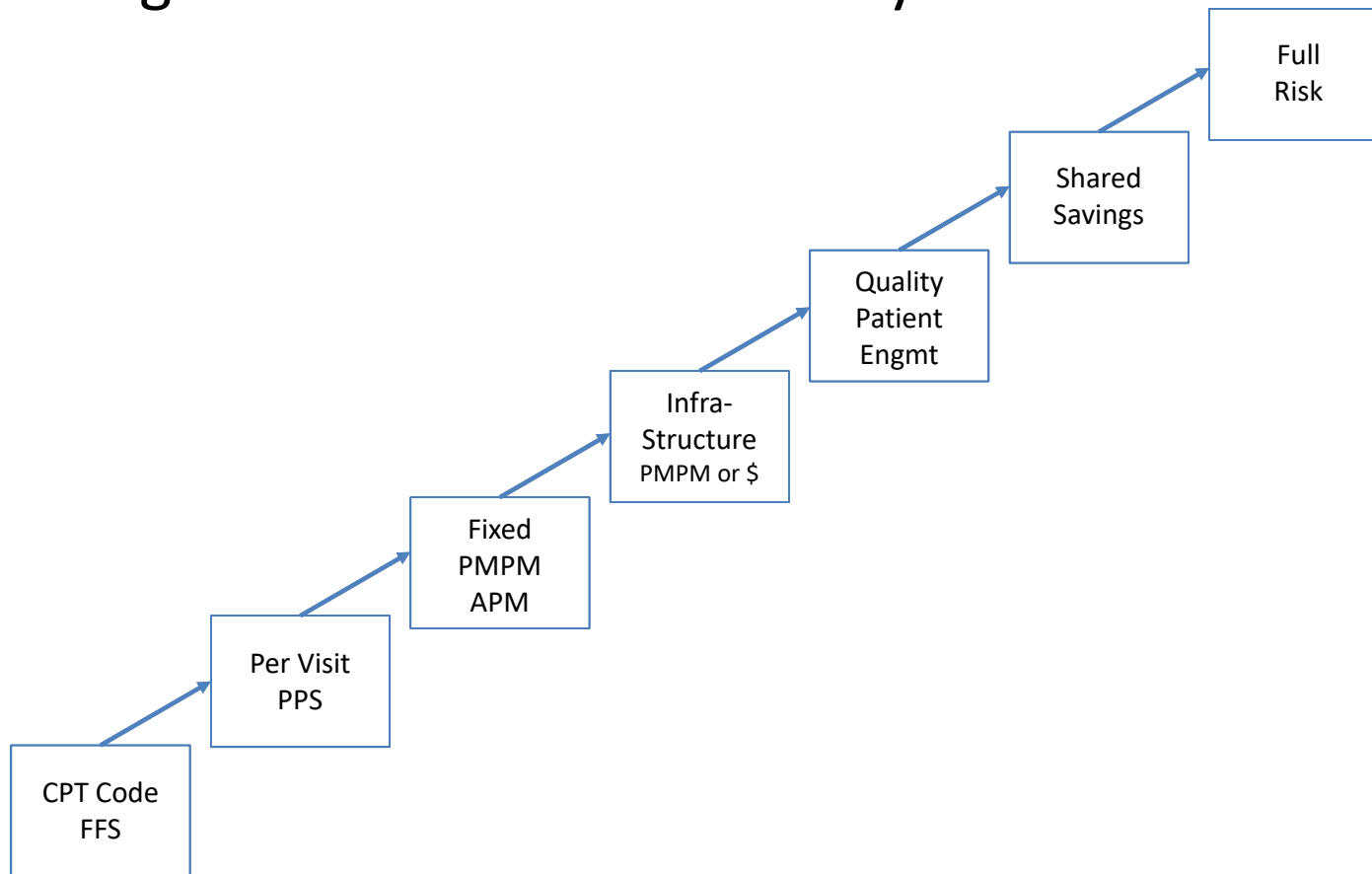


Today's Agenda

- Opportunities for value-based pay (VBP)
- Issues with earning VBP
- Health center response



Progression of Value Based Payment



Sample Report

HEDIS Measure	Eligible Population	# of Compliant Members	Your Compliant %	MPL (50th)	# of Members needed For MPL (50th)	Po-tential MPL Bonus	Estimated Earned	Estimated Potential
AWC - Adolescent Well care visits	3337	1285	38.51%	54.26%	526	\$0.00	\$0.00	\$0.00
BCS - Breast Cancer Screening	1499	912	60.84%	58.67%	0	\$0.05	\$15,601.65	\$31,203.30
CBP - Controlling High Blood Pressure	1582	810	51.20%	61.04%	156	\$0.00	\$0.00	\$0.00
CCS - Cervical Cancer Screening	7040	3824	54.32%	60.65%	446	\$0.05	\$0.00	\$31,203.30
CDC - A1c (Poor Control >9%)	1207	375	31.07%	38.52%	0	\$0.00	\$0.00	\$0.00
CDC - Diabetes HbA1c Test	1207	947	78.46%	88.55%	122	\$0.05	\$0.00	\$31,203.30
CIS - Childhood Immunization Status	224	67	29.91%	34.79%	11	\$0.05	\$0.00	\$31,203.30
IMA - Immunizations for Adolescents	296	110	37.16%	34.43%	0	\$0.00	\$0.00	\$0.00
PPC - Postpartum Care	451	227	50.33%	65.69%	70	\$0.00	\$0.00	\$0.00
PPC - Prenatal Care	451	380	84.26%	83.76%	0	\$0.05	\$15,601.65	\$31,203.30
W15 - Well-Child visits in the first 15 months of life	117	27	23.08%	65.83%	51	\$0.00	\$0.00	\$0.00
W34 - Well-Child visits 3-6 years	1393	908	65.18%	72.87%	108	\$0.05	\$0.00	\$31,203.30
WCC - Nutrition Counseling	2246	1276	56.81%	70.92%	317	\$0.00	\$0.00	\$0.00
WCC - Physical Activity Counseling	2246	1284	57.17%	64.96%	176	\$0.00	\$0.00	\$0.00
WCC - Weight Assessment	2246	2053	91.41%	79.09%	0	\$0.00	\$0.00	\$0.00
							\$31,203.30	\$187,219.80



Sample Report

HEDIS Measure	Eligible Population	Non Compliant	Non Compliant %	Compliant	Compliant %	MPL	HPL	Members Needed For MPL	Members Needed For HPL
Current Year Data									
ABA - Adult BMI	1288	167	12.97%	1121	87.03%	88.6%	92.5%	21	71
AMR - Asthma Medication Ratio	16	1	6.25%	15	93.75%	62.3%	67%	0	0
BCS - Breast Cancer Screening	201	103	51.24%	98	48.76%	58%	64.1%	19	31
CBP - Controlled Blood Pressure	326	145	44.48%	181	55.52%	58.6%	65.8%	11	34
CCS - Cervical Cancer Screening	1205	446	37.01%	759	62.99%	60.1%	66%	0	37
CDC HBA1C - Controlled Diabetes HbA1C Testing	220	41	18.64%	179	81.36%	87.8%	90.5%	15	21
CDC Control >9% - Controlled Diabetes >9%	220	159	72.27%	61	27.73%	38.2%	33.1%	0	0
CHL - Chlamydia Sreening	125	51	40.80%	74	59.20%	56.1%	65.4%	0	8
CIS 10 - Vaccinations Combo 10	68	59	86.76%	9	13.24%	35.3%	40.9%	16	19
IMA 2 - 3 Vaccines by Age 13	38	22	57.89%	16	42.11%	31.9%	37.7%	0	0
PPC Pre - Prenatal Care	89	18	20.22%	71	79.78%	83.2%	87.1%	4	7
PPC Post - Post Partum care	89	21	23.60%	68	76.40%	65.2%	69.3%	0	0
SSD - Diabetic Screening for People using Antipsychotics	31	6	19.35%	25	80.65%				
W30 - Well-Child visits for Age 15 Months-30 Months of life	217	146	67.28%	71	32.72%				
WCC BMI - Weight Counseling BMI Only	498	52	10.44%	446	89.56%	75.6%	82.6%	0	0
WCC - Nutrition Counseling	498	215	43.17%	283	56.83%	59.85%	83.45%	16	133
WCC - Physical Activity for Children/Adolescents	498	211	42.37%	287	57.63%	52.31%	78.35%	0	104
WCV - Well Child 1 visit for Ages 3-21	1137	572	50.31%	565	49.69%				



Other Measures

Measure Type	Measure	PO Score	QIP \$ Earned	Remaining QIP \$
Non-Clinical	ACS_ADMISSION	11.13	\$4,084	\$11,089
Non-Clinical	Avoidable ED/1000	6.19	\$15,173	\$0
Non-Clinical	RAR_READMISSION	2.53	\$0	\$15,173
Monitoring	Diabetes-Retinal Eye Exam	36.67	\$0	\$0
Monitoring	PCP Office Visits	1.95	\$0	\$0



Looking at All Incentive Payments

BONUS DESCRIPTION	Check#	CHECK ISSUE DATE	Payment Q1 2020	Payment Q2 2020	Payment Q3 2020	Payment Q4 2020	Total 2020
Extended Hours 2019 Q4	103475	1/29/2020	\$ 2,938.0				\$ 2,938
PCP 2019 QIP WS	105866	4/23/2020		\$ 66,238.7			\$ 66,239
PCP 2019 QIP Halyard	105696	4/23/2020		\$ 31,325.2			\$ 31,325
Extended Hours 2020 Q1	105474	4/21/2020		\$ 3,016.9			\$ 3,017
Extended Hours 2020 Q2	108272	7/30/2020			\$ 3,146		\$ 3,146
Extended Hours 2020 Q3	110454	10/28/2020				\$ 2,226	\$ 2,226
Extended Hours 2020 Q3	110457	10/28/2020				\$ 5,925	\$ 5,925
PCP QIP Payout				97,563.91			97,563.91
Extended Hours			2,937.96	\$ 3,016.88	\$ 3,146.16	\$ 8,151.72	17,252.72
Signing Bonus for Dr. Shah				\$ 5,000.00			5,000.00
			2,937.96	100,580.79	3,146.16	8,151.72	114,816.63



How It Works (Mechanically)

- Measure data comes from plan's claims system
 - ❖ Claims from health center
 - ❖ Claims from other providers
 - ❖ Other modalities to update plan's data system
 - ❖ Claims are a lagging indicator – it is often six month until claims data is considered “complete”
- Population is health center's plan assigned members
- Note that there are many other ways that plans can pay health centers besides claims/capitation/pay for performance. Plans may be more willing to share these dollars during COVID



What Does It Take To Maximize Pay For Performance Revenue?

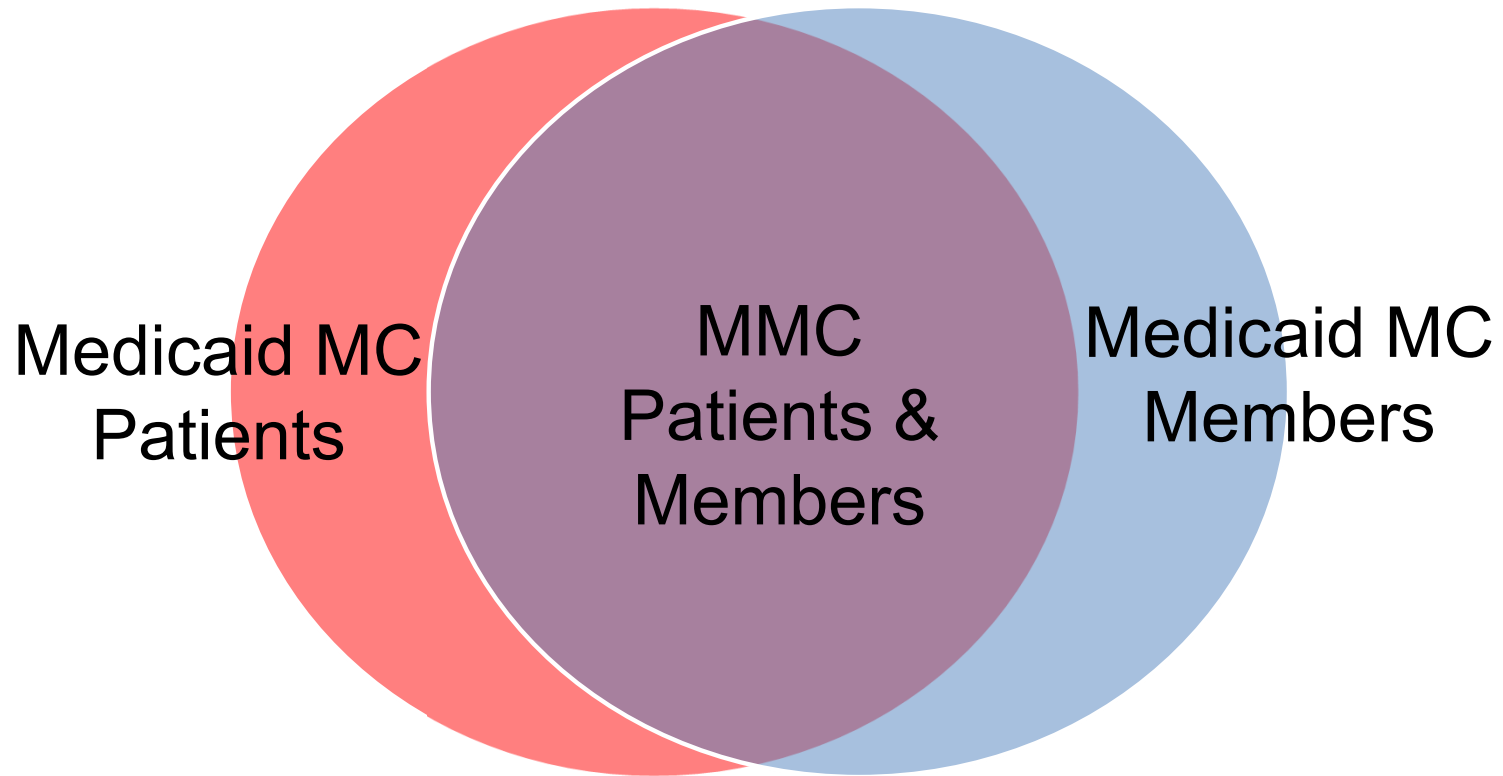
- Good managed care contracts
- Good data – health center
- Good data – plan
- Good performance – health center
- Good performance – health center members outside of health center
- Ability to locate/change behavior of all ASSIGNED health center members



ISSUES IN PAY FOR PERFORMANCE



Patients/Members Disconnect



Attribution

- Payors think in terms of assigned members, health centers think in terms of patients
- Converting assigned but not seen members to active patients is a high-work, low-reward activity – usually has a 5 – 10% success rate
- Getting plan to change attribution is difficult:
 - ❖ Usually requires member consent
 - ❑ So no/slow assignment away of members assigned to CHC who went to another primary care provider
 - ❑ So no/slow assignment to CHC of members assigned to another PCP who use the health center for primary care
 - ❖ Plan has an algorithm that they will not change for the health center. The algorithm is proprietary and will not be shared with the health center.
 - ❖ All plan members, including primary care non-utilizers, have to be assigned to someone



Should We Care If Medicaid Managed Care Patients & Members Are Not Aligned?

- Access – could CHC care for all assigned patients?

	MCO Assigned and Seen	Seen But Not MCO Assigned	Total Seen	MCO Assigned and Not Seen	Combined
Members/ Patients	5,000	1,000	6,000	3,000	9,000
Visits	15,000	3,000	18,000	9,000	27,000
Visits/Prov FTE/ Year	3,000	3,000		3,000	3,000
Provider FTEs Required	5.0	1.0	6.0		6.0
3rd Next Available Days			14		104
CHC Patients Seen Per Day (@180)			100		



Should We Care If Medicaid Managed Care Patients & Members Are Not Aligned?

- Access – potential failure points in bringing in assigned but not seen
 - Wrong demographic information
 - Member doesn't respond to CHC outreach
 - Member chooses not to come in/doesn't make appointment
 - Member makes appointment & no-shows
- Access/Operations
 - MCO member assignment
 - By site – how is this done? Does it correspond to how the members who utilize interface with the CHC? Do we care if it is incorrect?
 - By provider – how is this done? Does it correspond to how the members who utilize interface with the CHC? Can a nurse practitioner/physician assistant be assigned as PCP?



Impact of Assigned But Not Seen on Quality Measures

- Quality Metrics/P4P

Well Child Exams in the First 15 Months of Life		
	<i>HEDIS Score</i>	
Overall Plan Performance	70%	
Required to Earn P4P Revenue	77%	
Health Center Performance		Patients
Plan Assigned Patients - Seen by CHC	80%	500
Plan Assigned Patients - Not Seen by CHC	70%	300
Total CHC Performance	76%	800



Health Center Complaints About VBP

- Patient-based systems create a disincentive for health center providing urgent care (by definition not a continuity event)
- Creates a disincentive to taking on sicker patients programmatically (e.g. hospital refers persons with poorly controlled diabetes to health center)
- Population turns over, so longitudinal health center performance is not truly evaluated
 - May lose Medicaid eligibility
 - May switch managed care plans
- Immigrant populations come in behind on childhood vaccinations



Health Center Complaints About P4P

- Different managed care plans have different pay-for-performance systems, with little to no standardization
- Plans may focus on measures in different years
- Don't get prior history on newly assigned patients
- Claims data needs at least 3 months lag to be complete
- Managed care plans didn't change their performance criteria during COVID, even though utilization went way down. Note that for Medicaid managed care, the State also do not change the plans' performance criteria



Perspective from Medicaid Managed Care CFO

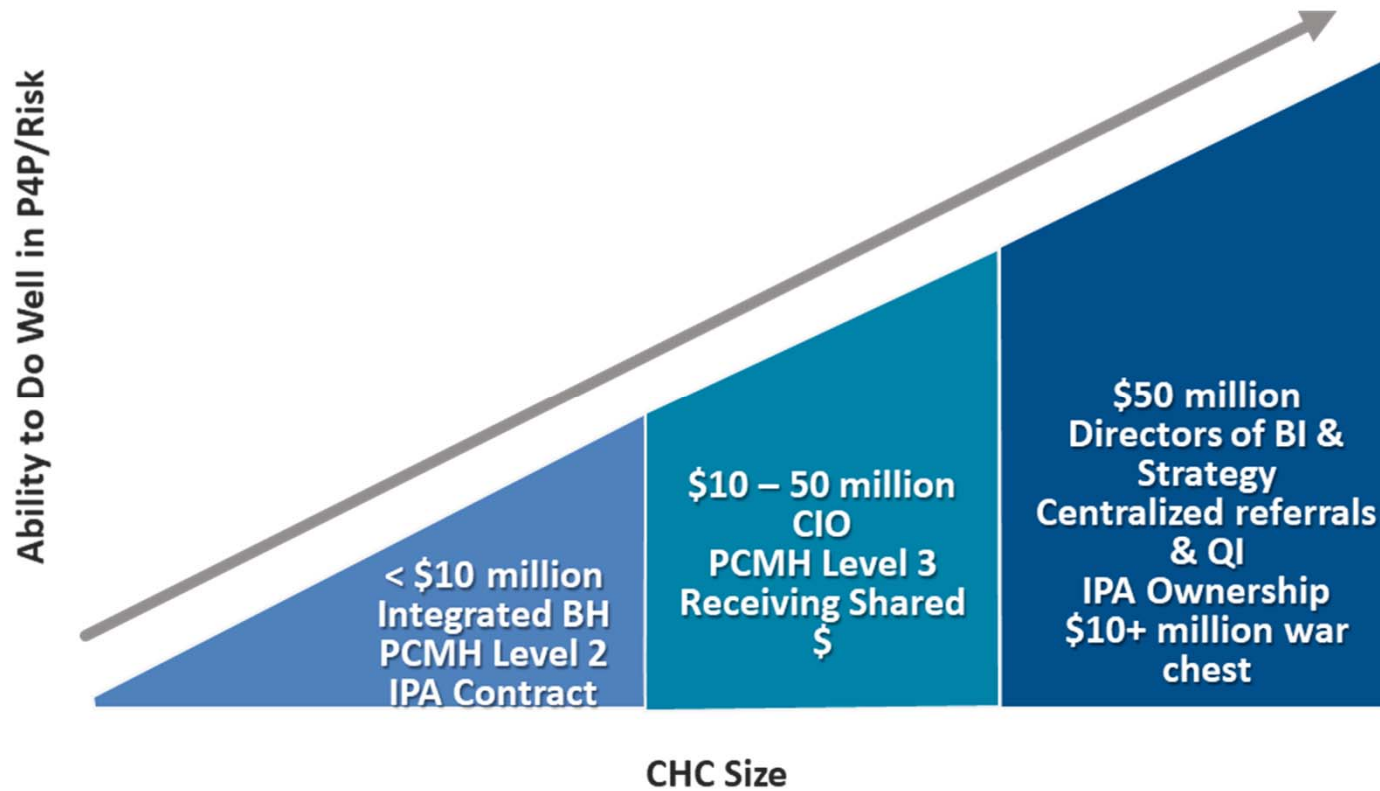
- “None of it works”
- Pay-for-performance is only 1 – 2% of plan’s expenses, so it’s not a major program
- Changes in their P4P systems does not seem to change behavior, the same providers do well
- Extra payments for items such as flu vaccines have limited impact
- Plan is implementing freezes to base reimbursement/increases in P4P. Since FQHCs are made whole to the Medicaid rate, not sure of the impact on health centers



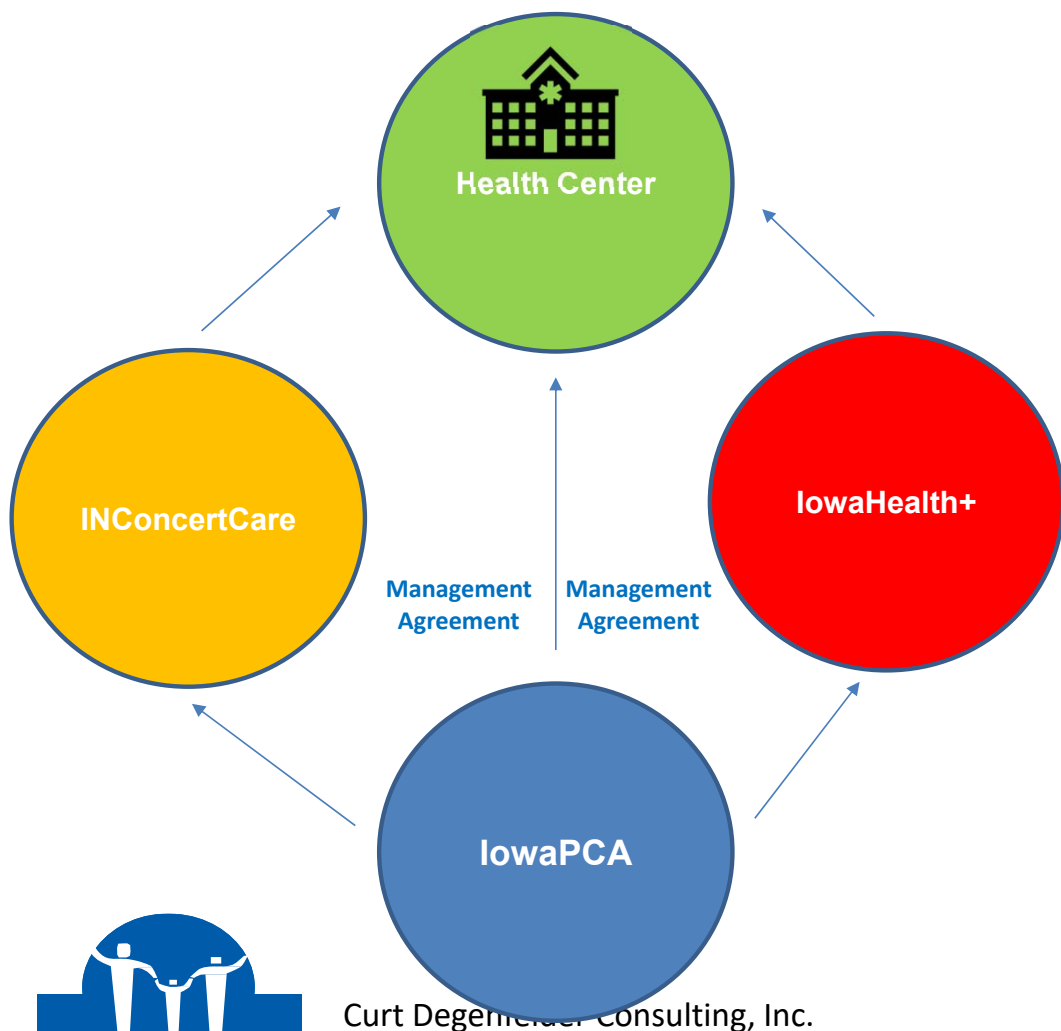
HEALTH CENTER SOLUTIONS



Health Center Resources for VBP



Network VBP Activities

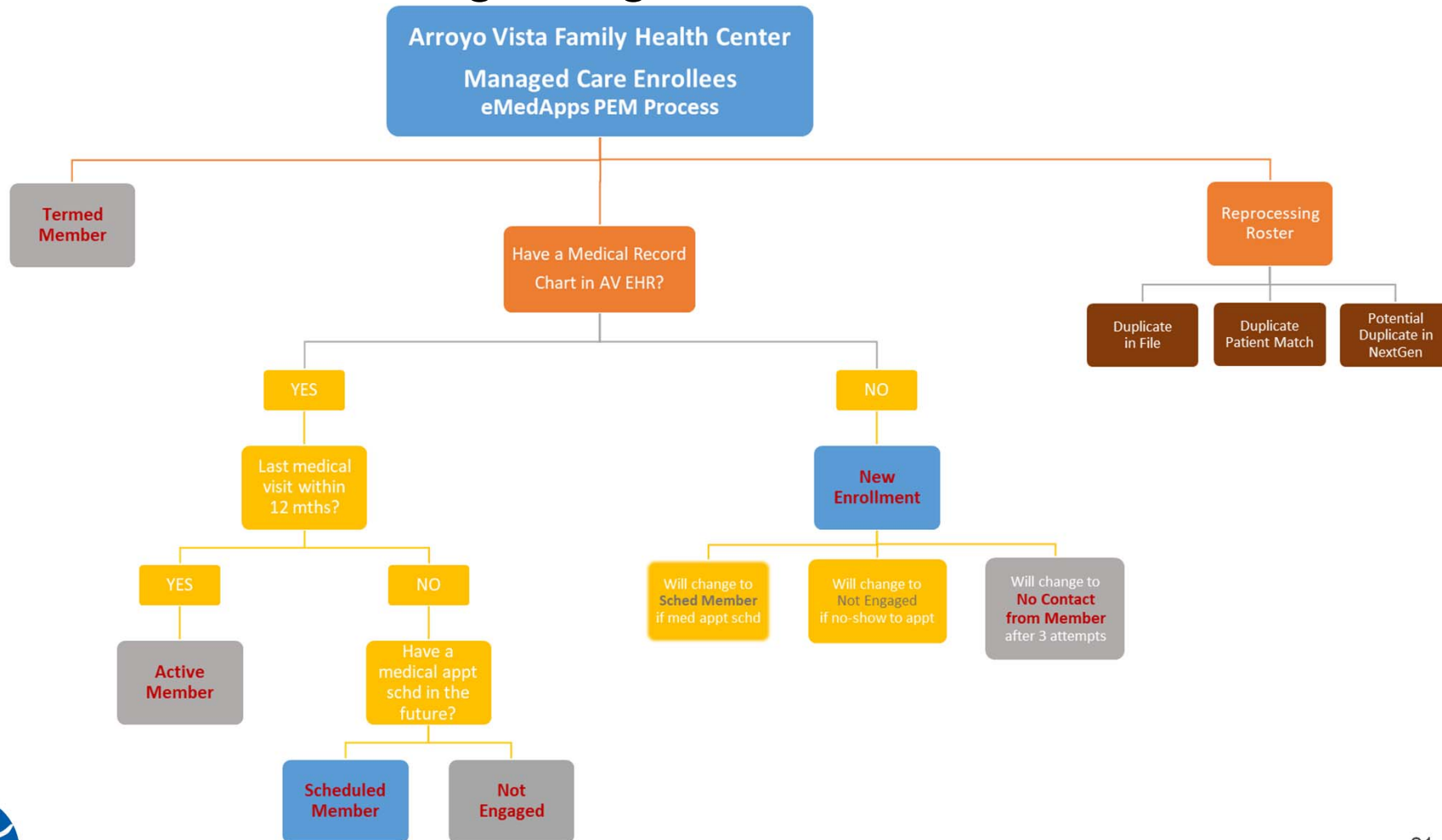


INConcertCare Services	Iowa PCA Services	IowaHealth+ Services
Hosted Applications & Vendor Management	Policy & Advocacy	Performance Improvement Learning Collaborative
EMR Implementation & Training	Quality & Performance Improvement	Value-based Purchasing & Payment Reform
Practice Management & Revenue Cycle	Emerging Programs	Data Analytics & Reporting
Clinical Analytics & Data Warehouse	Workforce Development	Attribution
Performance Improvement Coaching	Outreach & Enrollment	Risk Stratification
Interoperability	Health Center Development & Expansion	Care Coordination
HIPAA Privacy & Security	Communications	Population Health Focused



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Addressing Assigned But Not Seen



Other Sample Bonus Amount

- Extended hours
- Flu clinic
- Gaps in care
- Well woman day (pap smears and mammograms)
- May also want to consider patient incentives (gift card, etc)
- Success on VBP measures may also lead to more grant opportunities

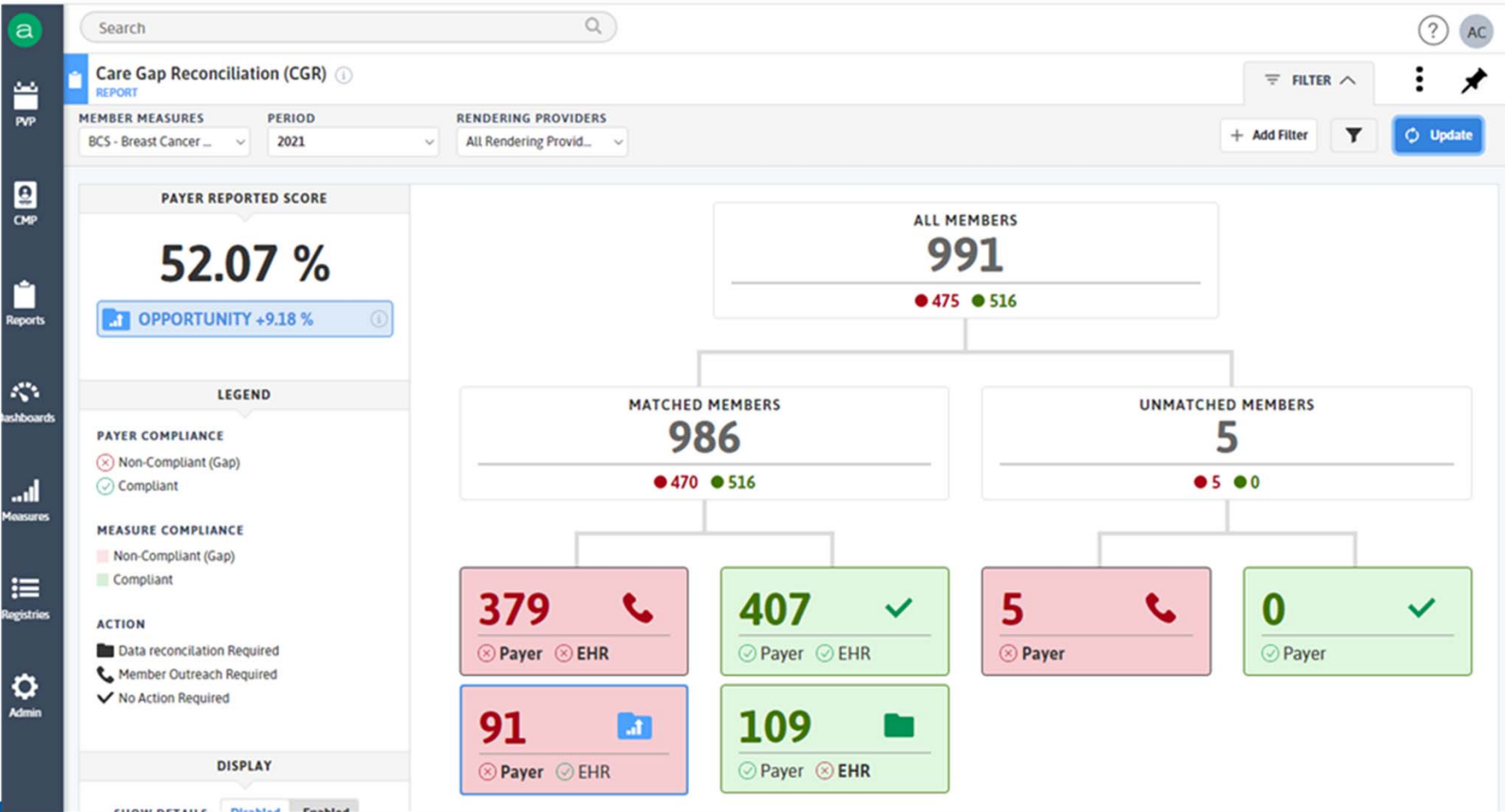


Role of Quality Department in P4P

- Scrub gaps in care report
 - Upload both gaps in care report (IPA submits data directly to system via sFTP) and enrollment roster into automated system. Helps identify “true gaps” for outreach vs. “HEDIS measures up to date in EHR” for reconciliation
- Distribute gaps in care report for follow-up
- Gathering specific measures that may be needed in a program (such as annual physical)
- Setting up template in EHR to allow clinical team to generate required HEDIS measures (HCPSC and CPTII) to account for quality/preventive measure completion
- Outreach for initial health assessment for newly assigned members
- Reviewing hospital discharge report (may come via fax) for follow-up appointment
- “QI Sweep” – makes sure that plans have all data (such as all diagnoses, not just top 2 diagnoses on a claim)



Autoscrubbing Gaps in Care Report



Making It Easier to Populate HEDIS Measures

Test T. Patient (F) DOB: 01/23/2017 (3 years) Weight: 120.00 lb (54.43 Kg) Alerts 4 Allergies 14 Problems 40 Diagnose 401 Medications 16

Address: 795 1/2 Horsham Ave. MRN: Pham 1: Good Price Pharmacy PCP: Chu, Cheryl MD
Horsham, PA 19044 Pt. Insurance: MediCal... Imm Consent: Y Referring: Referred
Contact: (000) 000-0000 (H...) Patient Portal: Imm Consent Date: 20181003 Referring: Pham, Thuy Q MD

11/13/2020 05:25 PM: "Histories" 11/13/2020 05:25 PM: "Home Page" x

Risk Level Care Team Contagion Risk 49 HCC TOB HTN DM CAD

Specialty Family Practice Visit Type Office Visit

Intake Histories SOAP **Quality** Finalize Checkout

TST Risk New COVID Screen Call/Communication Provider Patient Management Document Library Ref Doc

Care Guide 11/13/2020 08:30 AM: "AVFHC Quality / HEDIS" x

AVFHC Quality / HEDIS

Intake Soap Finalize Checkout

BMI Assessment

- BMI Assessed and Documented

Breast Cancer Screening

- Screening mammography results documented and reviewed

Care for Older Adults

- Pain Present
- Pain not present
- Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM)(GER, Pall CR)
- Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM)(GER, Pall Cr)
- Advance care plan or similar legal document present in the medical record (COA)
- Advance Care Planning discussed with patient
- Medication List
- Medication Reviewed
- Functional status assessment reviewed

Cervical Cancer Screening

- Cervical Cancer Screening results documented and reviewed with patient

Comprehensive Diabetes Care

- Dilated Retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)
- Dilated Retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
- 7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
- Diabetic retinal screening negative
- HBA1c level < 7.0
- HBA1c level 7.0 - 7.9

Comprehensive Diabetes Care (cont.)

- HBA1c level 8.0 - 9.0
- HBA1c level > 9.0
- Positive microalbuminuria test result documented and reviewed
- Negative microalbuminuria test result documented and reviewed
- Positive macroalbuminuria test result documented and reviewed
- Patient is being treated for Nephropathy
- ACE inhibitor or ARB therapy prescribed or currently being taken by the patient (CAD, CKD, HF) (DM)
- Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
- Most recent systolic blood pressure 130-139 mm Hg (HTN, CKD, CAD) (DM)
- Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
- Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
- Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
- Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
- Foot examination performed (includes examination through visual inspection, sensory exam with monofilament and puls exam - report when any of the 3 component are completed)

Flu Vaccine

- Influenza immunization administered or previously received

COPD

- Inhaled bronchodilator prescribed

Depression Screening

- Patient Screened for depression
- Negative screen for depressive symptoms as categorized by using standard depression screening / assessment tool (MDD)
- No significant depressive symptoms as categorized by using a standardized depression assessment depression tool (MDD)

Depression Screening (cont.)

- Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)
- Clinically significant depressive symptoms as categorized by using a standardized depression screening / assessment tool (MDD)
- Screening for depression - PHQ 9 complete

Fall Risk Assessment

- Falls plan of care documented
- Patient screened for future fall risk; documented of 2 or more falls in the past year or any fall with injury in the past year
- Patient screened for future fall risk; documented of no falls in the past year or only 1 fall without injury in the past year

Persistent Asthma with Pharmacologic Treatment

- Patient has Persistent asthma (mild, moderate, or severe)
- Patient as Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA - No Measure Associated)

Pneumonia Vaccination Status for Older Adults

- Pneumococcal vaccine administered or previously received (COPD) (PV), (BD)

Tobacco Use

- Tobacco Use Assessed
- Patient is a current tobacco smoker
- Patient is current smokeless tobacco user
- Current tobacco non-user
- Tobacco use cessation intervention, counseling, Pharmacologic therapy
- Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy or both), if identified as a tobacco user

Submit to Superbill



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Making It Easier to Populate HEDIS Measures

Claim Maintenance - E

View Claim | Claim Header | Insurance | Claim Detail

1/1

QUAL

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

1=7407NHMHLA

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind. (

A. Z0001 B. Z1239 C. Z713 D. Z

E. Z6823 F. Z01419 G. R7303 H. L

I. Z6833 J. K. L.

24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) MODIFIER

	A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	MODIFIER
	From MM DD YY	To MM DD YY					
1	10072021	10072021	11			99396 25	
2	10072021	10072021	11			1126F	
3	10072021	10072021	11			1159F	
4	10072021	10072021	11			1160F	
5	10072021	10072021	11			1170F	
6	10072021	10072021	11			3044F	

25. FEDERAL TAX ID NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT

