



Pay for Performance Program Overview

Revised: 05/23/17

LMG ACO LLC/CMS	NCQA	Aetna-Medicare	Anthem	CareFirst PCMH Program	Cigna CAC	United Healthcare
<p>Base year 01-01-2014</p> <p>Beneficiaries - 10,500 (11/2016)</p>		<p>Base year 07-01-2014</p> <p>Attribution - 426 (Jan 2017) (Membership Growth Report)</p> <p>382 - April 2017 (Membership Growth Report)</p>	<p>Base year 9-01-2013</p> <p>Attribution - 19,612 (PCMS Tool)</p>	<p>Base year 07-01-2013</p> <p>Attribution: 10,338 (as of 11/2016)</p>	<p>Base year 10-01-13</p> <p>Attribution: 18,402 (AlignMbrDtI Report)</p> <p>(17,117 CAC; 1,010 IFP 03/03/17)</p>	<p>Base year 01-01-16</p> <p>Attribution: 15,739 (Practice Performance Report)</p>
<p>CMS Programs</p> <p>MSSP - Medicare Shared Savings Program (01/2014 - 2016)</p> <p>New Quality Payment Program which is part of Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Beginning January 1, 2017)</p> <p>Two tracks:</p> <p>*MIPS (Merit-based Incentive Payment System).</p> <p>*APMs (Advanced Alternative Payment Models)</p> <p>LMG to follow MIPS track beginning 1/1/2017</p>	<p>Programs:</p> <p>*PCMH Level III recognition for Primary LMG Practices Achieved 5/2014. Expires 5/2018</p> <p>*Diabetes Recognition Program - 5 Primary Care sites achieved DRP recognition - expires December 31, 2017.</p>	<p>*Aetna-Medicare Annual HQPAF Program with Optum (1/2015 - present.)</p> <p>*Completed centrally by CC Department.</p> <p>HQPAF - Healthcare Quality Patient Assessment Form Program</p> <p>*HEDIS Measures/CMS Star Report</p>		<p>Goals for 2017 (from last Quarterly 12/8/16)</p> <p>*In-Person Panel Meeting once per year</p> <p>*Continue to work on transformational strategies</p> <p>*Open invitation for PAs and NPs to attend Panel Meetings</p> <p>*Build better relationships with the PCMH Team</p>		
<p>INITIATIVES:</p> <p>*Outreach through Phytel (11/2015 - present)</p> <p>*Care Coordination hospital visits (10/2015 - present)</p> <p>*Identification for Annual Wellness Visit through EHR</p> <p>*2017 - Transition to new EMR - e-Clinical Works</p> <p>*Develop policy and procedures to implement MACRA for practices.</p>		<p>TOP STAR MEASURES AND INITIATIVES:</p> <p>*Diabetes Care</p> <p>*HbA1c values</p> <p>*Diabetic eye exam</p> <p>*BMI</p> <p>*Medication Adherence</p>	<p>TOP QUALITY MEASURES AND INITIATIVES:</p> <p>*Diabetes Care</p> <p>*HbA1c control</p> <p>*Blood Pressure Control</p> <p>*Diabetic Eye exam - retinal or dilated eye exam performed by ophthalmologist/optometrist</p> <p>*Nephropathy Assessment - Documentation must include one of the following: Microalbumin uria test, +u/a for protein, medical attention for nephropathy, and evidence of ACE/ARB therapy</p> <p>*Adult Preventative Care - Breast, Cervical, and Colorectal CA screening.</p> <p>*GDR - Generic Dispensing Rate - increase rate to 5% to achieve level 3.</p> <p>*Medication Adherence</p>	<p>TOP INITIATIVES:</p> <p>Last Quarterly Panel Recommendations 12/8/16</p> <p>*Utilize cost effective specialists.</p> <p>*Reduce Readmissions</p> <p>*Reduce Pharmacy by reviewing report IV.U (Members on Multiple Drugs)</p> <p>*Utilize Magellan for members with Behavioral Health Needs.</p>	<p>TOP QUALITY MEASURES AND INITIATIVES:</p> <p>*Diabetes Care</p> <p>*HbA1c control</p> <p>*Blood Pressure Control</p> <p>*Eye exam - retinal or dilated eye exam performed by ophthalmologist/optometrist</p> <p>*Nephropathy Assessment - Documentation must include one of the following: Microalbumin uria test, +u/a for protein, medical attention for nephropathy, and evidence of ACE/ARB therapy</p> <p>*Adult Preventative Care - Breast, Cervical, and Colorectal CA screening.</p> <p>*GDR - Generic Dispensing Rate - increase rate to 5% to achieve level 3.</p> <p>*Medication Adherence</p>	<p>TOP QUALITY MEASURES AND INITIATIVES:</p> <p>*Diabetes Care</p> <p>*HbA1c control</p> <p>*Blood Pressure Control</p> <p>*Eye exam - retinal or dilated eye exam performed by ophthalmologist/optometrist</p> <p>*Nephropathy Assessment - Documentation must include one of the following: Microalbumin uria test, +u/a for protein, medical attention for nephropathy, and evidence of ACE/ARB therapy</p> <p>*Adult Preventative Care - Breast, Cervical, and Colorectal CA screening.</p> <p>*GDR - Generic Dispensing Rate - increase rate to 5% to achieve level 3.</p> <p>*Medication Adherence</p>
			<p>TOP UTILIZATION MEASURES AND INITIATIVES:</p> <p>*Generic Dispensing - Rx a generic vs. brand name/pill splitting when appropriate</p> <p>*ER Utilization - for all populations</p> <p>*Referrals to High Quality/Lower Cost Specialist</p>	<p>REQUIREMENTS FOR OIG:</p> <p>To be eligible for a 2016 Outcome Incentive Award (2017 fee increase), viable panels must:</p> <p>*Have at least 90% of providers with active CP.</p> <p>*Average at least 5 CP per PCP panel</p> <p>*Achieve engagement score of at least 35 points out of 50.</p> <p>*Beat your budget</p>	<p>TOP UTILIZATION MEASURES AND INITIATIVES:</p> <p>*Generic Dispensing - Rx a generic vs. brand name/pill splitting when appropriate</p> <p>*ER Utilization - for all populations</p> <p>*Referrals to High Quality/Lower Cost Specialist</p>	<p>TOP UTILIZATION MEASURES AND INITIATIVES:</p> <p>*Generic Dispensing - Rx a generic vs. brand name/pill splitting when appropriate</p> <p>*ER Utilization - for all populations</p> <p>*Referrals to High Quality/Lower Cost Specialist</p>