

Maine PAYERS & EMPLOYERS - Provider Performance Measurement, Public Reporting, & Incentive Programs - 2009 - DRAFT

Program Type	PTE	NCQA / BTE	MaineCare	Anthem Wellpoint	Aetna	CIGNA	HPHC	CMS/Medicare
Public Reporting of voluntarily-submitted practice data								
Adults: Diabetes	Uses NCQA / BTE	X						
Adults: Cardiac care (Heart/Stroke)	Uses NCQA / BTE	X						
Adults: Low back pain		X						
Pediatrics: Asthma	X							
Pediatrics: Immunizations	X							
All: Office systems	Uses NCQA / BTE	NCQA: PPC; BTE: POL						
Patient Centered Medical Home		NCQA: PPC-PCMH; BTE: PPC-PCMH or POL						
Performance-based payment Incentives								
Bonus payments			MaineCare "Physician Incentive Program", based on MaineCare-specific measures		TBD - provide bonus payment using NCQA/BTE recognition or PTE green ribbons	TBD - Proposing four criteria for reimbursement. Highest performing practices will receive largest rewards. 1. PPC-PCMH Level 2 or 3 2. NCQA Physician Recognition Programs 3. BTE Recognition 4. PTE green ribbons	Provide bonus payment, recognizing practices with NCQA/BTE recognition or PTE green ribbons	PQRI: Bonus payment up to 1.5% Medicare billings e-Rx: Bonus payment of 2% Medicare billings for use of CMS-approved e-Rx system
Fee schedule adjustments				Offer 2%, 4%, or 6% adjustment, to fee schedule depending on results of Anthem Quality Insights score				
Special employer programs						BIW: May provide bonus payment for practices achieving NCQA PPC-PCMH Level 3		
Tiered Networks / Member Incentives for Using Preferred Providers								
Tiered network				Anthem tiered network (specialists)	Aetna Aexcel Program (specialists)	CIGNA tiered network (specialists)		
Special employer programs				State ME Employees: Provide incentives for employees to seek care from practices with 2-3 PTE ribbons	Hannaford: Provide incentives for employees to seek care from practices with 3 PTE ribbons and documented cost effectiveness			
Acronyms								
HPHC: Harvard Pilgrim Health Care								
PQRI (Medicare/CMS): Physician Quality Reporting Initiative								
e-Rx: Electronic Prescribing								
NCQA: National Committee on Quality Assurance								
PTE: Pathways to Excellence								
BTE: Bridges to Excellence								
PPC: Physician-Practice Connection (NCQA's office systems survey)								
PPC-PCMH: Physician-Practice Connection, Patient-Centered Medical Home								
POL: Physician Office Link (BTE's office systems survey)								
BIW: Bath Iron Works								

Clinical & Office System Measures used in Maine Provider Incentive Programs - 2009 - DRAFT

Metrics	MaineCare	PTE/ NCOA / BTE	Anthem Quality Insights	Aetna/Cigna/HPHC	Medicare PQRI
Practice- Reported Clinical Data					
Adult Practitioners: Diabetes Process of Care					
HbA1c testing in a given year		≥85% of diabetic panel	≥50% of composite process score (more points with higher %s)	As per NCOA/BTE	
LDL testing in a given year		≥85% of diabetic panel	≥50% of composite process score (more points with higher %s)	As per NCOA/BTE	
BP testing in a given year		≥85% of diabetic panel	≥50% of composite process score (more points with higher %s)	As per NCOA/BTE	
Dilated eye exam in a given year		≥60% of diabetic panel		As per NCOA/BTE	
Nephropathy screening		≥80% of diabetic panel			
Smoking status & cessation advice		≥80% of diabetic panel			
Adult Practitioners: Diabetes Outcomes					
HbA1c <7%		≥40%	>40% of diabetic panel (or credit for NCOA/BTE)	As per NCOA/BTE	
HbA1c >9%		≤15%	<20% of diabetic panel (or credit for NCOA/BTE)	As per NCOA/BTE	%of diabetic pts > 9%
LDL <100		≥36%	>36% of diabetic panel (or credit for NCOA/BTE)	As per NCOA/BTE	
LDL <130		≥63%	>63% of diabetic panel (or credit for NCOA/BTE)	As per NCOA/BTE	%of diabetic pts <130 and <100
BP <140/90		≥65%		As per NCOA/BTE	% of diabetic pts documented B/P<140/90
BP < 130/80		≥25%		As per NCOA/BTE	
Adult Practitioners: Cardiac Processes of Care					
BP testing in a given year		≥80% of cardiac panel	≥50% composite process score of cardiac panel (more points with higher %s)	As per NCOA/BTE	
Complete lipid panel in given year		≥80% of cardiac panel		As per NCOA/BTE	
ASA use or contraind documented		≥80% of cardiac panel		As per NCOA/BTE	
Tobacco use		≥80% of cardiac panel		As per NCOA/BTE	Reported for all patients (not just cardiac)
Tobacco treatment offered		≥80% of cardiac panel		As per NCOA/BTE	Reported all patients (not just cardiac)
HF patients - ACE /ARB Therapy					% who also have LVSD given ACE or ARB
HF patients - LVEF assessment					% with quantitative or qualitative results of LVEF
Adult Practitioners: Cardiac Processes of Care					
BP <140/90			≥75% of cardiac panel (more points with higher %s)		
LDL <100			≥50% of cardiac panel (more points with higher %s)		
Adult Practitioners: Depression Processes of Care					
Baseline objective measurement (e.g. PHQ 9)			≥10% patients screened (more points with higher %s)		
Reassessment at 12 weeks					
Reassessment at 6 months					
Depression Meds - Acute Phase					% new diagnosed and tx with antidepressants and remained on med for 12 weeks
Depression Meds - Chronic Phase					% new diagnosed and tx with antidepressants and remained on med for 6 months
Pediatric Practitioners: Asthma					
(PTE only)					
1 or more office visits/year		60-79%: 5 pts; ≥80%: 10pts			
Severity classification		60-79%: 5 pts; ≥80%: 10pts			
Controller med for persistent asthma		60-79%: 7.5 pts; ≥80%: 15pts			
Action plan and/or school plan		60-79%: 7.5 pts; ≥80%: 15pts			
Influenza immunization		60-79%: 7.5 pts; ≥80%: 15pts			
Action Control Test (ACT) or Symptom-free days measured		60-79%: 10 pts; ≥80%: 20pts			
Tobacco use/exposure documented		>20pts: 7.5 pts; ≥80%: 15pts			
BMI measurement		60-79%: 5 pts; ≥80%: 10pts			
Pediatric Practitioners: Immunizations					
Immunization: Child 2 of age		4 DTP, 3 polio, 1 MMR, 3 HepB, 3 Hib, 1 VZV	≥81.73% with 4 DTP, 3 polio, 1 MMR, 3 HepB, 3 Hib, 1 VZV		
Immunization: Adolescent age 13		2nd dose MMR, 3 HepB	≥72.26% with 2nd dose MMR, 3 HepB		
Metrics					
MaineCare					
PTE/ NCOA / BTE					
Anthem Quality Insights					
Aetna/Cigna/HPHC					
Medicare PQRI					
Payer-Collected Clinical Data (Using Claims Data)					
Adult Practitioners					
Diabetes - HbA1c measured	2 grps: 1/yr and 4xs/yr		2 tests (90 days apart) in 12 months		% 1/yr
Diabetes - LDL measured	% of diabetics with test		1/yr		% 1/yr
Diabetes - dilated eye exam	Age > 31 1/yr		Q2 yrs 18-75yrs		% 1/yr
Cardiac - LDL measured			1/yr		
CAD-drug therapy for high LDL					% prescribed a lipid lowering therapy (based on current ACC/AHA guidelines)
Colorectal cancer screening					% of adults who had appropriate screening
Asthma					% of asthma patients
Asthma - controller med for persistent asthma (adult & ped)			≥1 rx for controller med/yr		X
Pap test (Cervical Cancer Screening)	%-Ages 21-64 1vs/2yrs %-Ages 52-70 with mammogram				% who had 1 or more in past 3 yrs
Breast cancer screening					% 1test in 2 yrs
Influenza					%-Ages 50-64yrs received vac.
Pneumonia vaccination					% who received vac
Preventive care: Adult					
Pediatric Practitioners					
Preventive Care: PEDI & Adolescents	%-Ages 12-21 with 1 vs/yr		3-5yo's & 11-18yo's with well child visit during year		
Well care: Infant	%-Age 15months= 5ys				
Preventive Child	%-Age 3,4,5,6,1 with 1vs/yr				
Child URI TX					% with diagnosis and were not dispensed ABX on or 3 days after the episode date
Lead Screening	1st & 2nd year				
Pre-Natal Care in 1st Trimester	% starting prenatal care in the 1st Trimester				% who received a screening for HIV the 1st or 2nd visit
Pre-Natal Care 20-30weeks					% of RH neg who received anti- immune globulin at 28-30 wks
Pharyngitis/tonsillitis approp. testing			2-18yrs with dx, strep test, and abx		X
EPSTD	Avg. encounters pmpm % of children 0-20 with 1 or more				
Payer-Collected Utilization/ Resource Use (Using Claims Data)					
ER visits	Avg. # of ER vs & % of repeaters				
Pot. Avoidable Hospitalization your Asthma, ENT infect, gastroenteritis, pneumonia, UTI, CHF	Admissions/1000. Comparing your specialty with others				
Payer-Collected Pharmacy Data (Using Pharmacy Claims Data)					
Generic Prescribing			X		
Metrics					
MaineCare					
PTE/ NCOA / BTE					
Anthem Quality Insights					
Aetna/Cigna/HPHC					
Medicare e-RX					
Practice-Reported Data: Technology (From Office Systems Survey)					
EMR		X	At least 1 practice of grp's PCP must be using one or more technology sevices	As per NCOA/BTE	
e-Rx		X		As per NCOA/BTE	X
Disease Registries		X		As per NCOA/BTE	
Practice-Reported Data: Chonic Care Management (From Office Systems Survey)					
Use of clinical guidelines; self-management; care management; health risk assessment		X		As per NCOA/BTE	