

# THE PARADIGM

## Our Journey to Value-based Healthcare

2<sup>ND</sup> QUARTER 2019 ISSUE OF **THE PARADIGM!**

### **Incentive Performance Results are in for 1<sup>st</sup> Quarter!**

The first incentive is regarding the accurate completion of the attestation form for UHC Medicare Advantage member condition documentation on an annual physical during the performance quarter. Overall, **481** attestations were submitted during the 1<sup>st</sup> quarter 2019, representing 41 PAR physicians. This was a decrease of **21%** for submitted attestations compared to 4<sup>th</sup> quarter 2018. However, approximately **64%** of the total submitted attestations in the 1<sup>st</sup> quarter were approved for payment, compared to only **60%** for the 4<sup>th</sup> quarter.

#### **AS AN IMPORTANT REMINDER TO MAXIMIZE THIS INCENTIVE:**

**For each accurately completed attestation form submitted with the patient's clinical health maintenance/physical visit charted notes, where the high-risk conditions have been appropriately documented and coded, an incentive payment of \$100 will be paid to the PCP. All of the attestation forms and clinical notes will be reviewed to determine the clinical note support for designated diagnoses. The attestations with either no or insufficient documentation and coding for the high-risk conditions checked on the attestation form will not be eligible for the incentive payment. Please remember that the incentive payment is a one-time payment per patient per year for completion of the yearly patient physical. Details regarding the process for submission of the completed attestation form to be eligible for the incentive are on our website at [www.paotr.com](http://www.paotr.com).**

The second incentive is regarding the use of the PAR Preferred Specialist Network. The overall percentage use of the PAR Preferred Specialist Network during the 1<sup>st</sup> quarter is **64%**, which is a slight decline from the 4<sup>th</sup> quarter at **66%**. As a comparison, during the 1<sup>st</sup> quarter, **94%** of the PAR PCP providers achieved at least the tier 1 performance ( $\geq 50\%$ ) for Preferred Network referrals compared to 4<sup>th</sup> quarter with **97%** of the PAR PCP providers achieving at least the tier 1 performance.

To assist with Preferred Specialist Network usage, a flag will appear on the Physician Portal when you have **not** selected a Preferred Specialist.

#### **AS AN IMPORTANT REMINDER TO MAXIMIZE THIS INCENTIVE:**

**Prior to proceeding with a non-preferred specialist, you have the option to edit your specialist referral to a preferred specialist, which will significantly impact your incentive payout.**

### DID YOU KNOW?

DispatchHealth offers your patients same day acute care in their homes, preventing unnecessary patient visits to emergency rooms not affiliated with your practice.

You receive detailed clinical notes and they refer all patients to you for follow-up care.

They accept all major insurance in the state of Colorado.

Attached is the newest edition of the DispatchHealth Clinical Partner Update for your review.

You can learn more about how they can partner with your practice by going to <https://practice.dispatchhealth.com/> or clicking [here](#).

## PAR PCP Dashboard

PAR has developed a PCP dashboard with your individual performance (where applicable) compared to the performance of PAR overall. Below is a snapshot of the key performance indicators we are measuring showing PARs overall performance. We will be sharing and reviewing your individual performance dashboard with you to see how best we can support you and your practice's efforts to achieve the Provider goals and as a result achieve the PAR group goals.

Measurement Category	Key Performance Indicator	PAR Performance	PAR Group Goal
<b>FINANCIAL DATA</b>	Budget to Cost Ratio (BCR)*	92.34%	<86%
	Risk Adjustment Factor (RAF)	0.982	>1
<b>QUALITY MEASUREMENT</b>	Eligibility Criteria-4 Targets*	Met 3	Meet 4
	Patient Care Opportunity Report (PCOR) (Stars)	2.91	≥ 3.76
<b>SERVICE &amp; UTILIZATION DATA</b>	Specialist Referral Percentage**	64%	≥ 85%
	Readmission Percentage	8.40%	≤ 8%
	ER Visits	317/1000	275/1000

\*Component for qualification of PAR group overall shared savings program

\*\*Need to achieve at minimum 50% usage of PAR Preferred Specialist Network to qualify for individual physician per member per month incentive

PAR DASHBOARD KEY PERFORMANCE INDICATOR DEFINITIONS	
<b><u>Budget to Cost Ratio (BCR)</u></b>	The actual medical cost for assigned members compared to the total premium or per member payment (revenue) made for their care.
<b><u>Risk Adjustment Factor (RAF)</u></b>	CMS uses this risk adjustment calculation to adjust capitated payments to Medicare Advantage and other plans. Designed to measure the severity of illness of a patient population by assessing the presence of a defined set of conditions/diagnoses with the presence of a defined set of codes (HCCs).
<b><u>Eligibility Criteria-4 Targets:</u></b>	% target for assessment/measurement completed on eligible member population for the following four conditions/diagnoses:
<i>HbA1cScreening-Diabetic</i>	80%
<i>Nephropathy Screening-Diabetic</i>	85%
<i>BMP/CMP/Renal Panel-Renal Disease</i>	65%
<i>Annual Comprehensive PCP visit</i>	75%
<b><u>Patient Care Opportunity Report (PCOR) (STARS)</u></b>	UHC subset of quality measures from the CMS STARS list defining screening, treatment, and assessment. Measurement is the % receiving screening, treatment, and assessment of those who qualify for screening, treatment and assessment based on diagnosis, age, demographics
<b><u>Specialist Referral Percentage</u></b>	The percentage of Specialist referrals to the PAR defined Preferred Specialists divided by the total Specialist referrals. Calculated each quarter.
<b><u>Readmission Percentage</u></b>	Calculation of hospital readmissions occurring within 30 days divided by total admissions.

## PAR ACO Medicare Advantage (MA) Shared Savings Program Summary

The PAR ACO MA shared savings program is a vehicle for facilitating the clinical integration and coordination of ACO providers in order to promote quality and efficiency gains in the delivery of health care. To accomplish those goals, United Healthcare has created an incentive program to reward ACO for achieving specific objective measures in the delivery of care by ACO providers to United MA members.

Included in this model is a Financial Performance Program that includes the potential for shared savings incentive payments based on **aggregate of all ACO Provider's actual performance** against an established target/budget of **86%**. The financial target is the ratio of Total Medical Costs to Total Revenue.

The ACO is not eligible to receive payment under the Financial Performance Program, if ACO has not met the applicable Eligibility Criteria Requirements described below, which can be amended from time to time.

<u>Eligibility Criteria Requirement</u>	<u>Description</u>	<u>Performance / Threshold</u>
HbA1c Screening – Diabetic	Percent of eligible members who have had a HbA1c test this calendar year.	94% / 80%
Nephropathy Screening – Diabetic	Percent of eligible members who have had a Kidney function test this calendar year.	78% / 85%
BMP/CMP/Renal Panel - Congestive Heart Failure and/or Renal Disease	Percent of eligible members who have had a BMP or CMP or Renal Panel test this calendar year.	70% / 65%
Annual Comprehensive PCP Visit	Percent of eligible members who have had a comprehensive office visit with a PCP this calendar year.	86% / 75%

## **CAHPS and HOS Surveys**

Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Health Outcomes Survey (HOS) asks consumers and patients to report on and evaluate their experience, and ratings of, their health care providers and plans. The surveys focus on matters that patients themselves say are important to them and for which patients are the best and/or only source of information. CMS publicly reports the results of its patient experience surveys, and some surveys affect payments to CMS providers. Please see attached provider job aid which reviews the details and timing of the two surveys.

## **PAR Hospitalist Program Implementation**

PAR has implemented a hospitalist program to provide clinical care to your patients presenting at select hospitals. Effective, April 1, 2019 we began to coordinate the hospital care for your patients at Littleton and Porter hospitals as part of our first phase. Our hospitalists will reach out to you to provide an update on the status of your patient with their transitions of care. During our second phase of the hospitalist rollout, we will be adding Lutheran Medical Center, St. Anthony Hospital, and Swedish Medical Center.

Hospitalist intervention has demonstrated the following benefits for the patient and PCP:

- 1) Identifying your high-risk patients to avoid potential re-admission
- 2) Providing the best transitions of care
- 3) Reviewing high utilizers of ER
- 4) Following hospital discharges for appropriate follow-up care with PCP

We are excited about this opportunity and its benefits for your PAR patients. Please let us know your feedback so we can continue to improve the value of this service to you and your patients.

## **OptumCare Forum for Evidence-Based Medicine**

Beginning with the March/April 2019 OptumCare Forum for Evidence-Based Medicine, OptumHealth Education is designating one hour of CME/CNE credit per issue.

Practicing evidence-based medicine (EBM) is important in today's health care environment because this model of care offers clinicians a way to enrich quality, provide patient satisfaction, reduce costs and improve outcomes. A common implementation of EBM involves the use of clinical practice algorithms during medical decision-making to encourage optimal care. This widely recognized practice is designed to address the persistent problem of clinical practice variation with the help of actionable information at the point of care. These E-newsletters will enable health care professionals (HCPs) to put new EBM into practice.

For more information about education and medical management insights, please see attached **OptumCare Forum for Evidence-Based Medicine - March/April 2019 issue**. Also, for more information to claim one hour of CME/CNE credit, visit [www.optumhealtheducation.com/ebm-forum](http://www.optumhealtheducation.com/ebm-forum).

Thank you for your time and let us know if you have any questions or comments about the information provided.

Warm regards,

Scott Clemens, M.D.  
Internal Medicine  
Medical Director

Glenn Kjoson, MBA  
Vice President and Executive Director