

THE PARADIGM

Our Journey to Value-based Healthcare

1ST QUARTER 2020 ISSUE OF THE PARADIGM!

Incentive Performance Results are in for 4th Quarter!

The Annual Physical incentive is paid when the Risk Adjustment Factor (RAF) codes related to the PAR UHC Medicare Advantage member condition(s) are indicated on the attestation form and documented in the clinic notes during the performance quarter. Overall, **557** attestations were submitted during the 4th quarter 2019 by 35 PAR physicians. Approximately **71%** of the total submitted attestations in the 4th quarter were approved for payment, compared to **72%** for the 3rd quarter.

AS AN IMPORTANT REMINDER TO MAXIMIZE THIS INCENTIVE:

For each accurately completed attestation form submitted with the patient's annual 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.

The second incentive relates to percentage use of the PAR Preferred Specialist Network for referrals. The overall percentage use of the PAR Preferred Specialist Network during the 4th quarter is **67%**, which is a slight increase from the 3rd quarter at **65%**. As a comparison, during the 4th quarter, **83%** of the PAR PCP providers achieved at least the tier 1 performance ($\geq 50\%$) for Preferred Network referrals compared to 3rd quarter with **80%** of the PAR PCP providers achieving at least the tier 1 performance and incentive payment.

While we want to strongly encourage your specialist referrals to go to a "preferred specialist", beginning in 2020 we will no longer have an incentive tied to the percentage of preferred specialist usage. The percentage of preferred specialist usage has hovered between 60-65% since the incentive was put in place but has not increased significantly over that time. Rather, in 2020 we are shifting these incentive dollars to additional incentives tied to participation and engagement in Practice Performance Reviews (PPRs), PAR Dinner Meetings, and PAR Coding Education Sessions. In the next section of the Newsletter describes each of these new incentives.

DID YOU KNOW?

PAR is expanding the Transition of Care (TOC) outreach calls for all hospitals to support your patients!

When your high-risk patients are discharged from the hospital to home, a PAR Case Management nurse will provide an outreach call to ensure a smooth transition post-discharge.

Some key topics to be discussed with the patient during these calls include: coordination of PCP follow-up appointments and adherence to newly prescribed medication.

If you have any questions about this TOC program, please let us know.

New Additional Incentives for 2020

The journey to value-based care requires engagement and commitment from every member of the practice, but it is particularly important for the primary care physician to be intimately involved in patient-centered service in order to promote quality and efficiency gains in the delivery of health care. To help support those goals, PAR has created additional participation and engagement incentives to recognize the efforts taken by the primary care providers.

The following outline the requirements of participation and engagement for each of the new incentives:

Practice Performance Review (PPR): We have begun to set up Practice Performance Reviews by webex with the PAR PCPs to focus on the Dashboard metrics as noted below. **For each PAR primary care physician (MD or DO) attending the PPR, they will each receive a \$200 participation incentive.** The APCs are welcome to attend these PPRs but will not be paid the incentive for participating. These sessions will be practice/physician specific and be scheduled for 45 minutes - 1 hour over the lunch hour typically. **Please respond to the email invitation from Lynn Diamond to schedule your PPR session as soon as possible.**

	Measurement Category	Provider Performance	Provider Goal
FINANCIAL DATA	Cost of Care Ratio (CCR)	74%	< 83%
	Risk Adjustment Factor (RAF)	0.73	>1
QUALITY MEASUREMENT	Eligibility Criteria-4 Targets	Met 2 (3,4)	Meet 4
	Patient Care Opportunity Report (PCOR) (Stars)	3.9	≥ 3.76
SERVICE & UTILIZATION DATA	Specialist Referral Percentage	75%	≥ 85%
	Readmission Percentage	16.70%	≤ 8%
	ER Visits	156	275/1000

MEASUREMENT DEFINITIONS

Cost of Care Ratio (CCR)	The actual medical cost for assigned members compared to the total premium or per member payment (revenue) made for their care
Risk Adjustment Factor (RAF)	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)
Eligibility Criteria-4 Targets	% Target for assessment/measurement completed on eligible member population with 4 conditions/diagnoses as described below: <i>(1) HbA1c Screening-Diabetic 80%</i> <i>(2) Nephropathy Screening-Diabetic 85%</i> <i>(3) BMP/CMP/Renal Panel-CHF or Renal Disease 65%</i> <i>(4) Annual Comprehensive PCP visit 75%</i>
Patient Care Opportunity Report (PCOR) (STARS)	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
Specialist Referral Percentage	The percentage of Specialist referrals to the PAR defined Preferred Specialists divided by the total Specialist referrals. Calculated each quarter.
Readmission Percentage	Calculation of hospital readmissions occurring within 30 days divided by total admissions.
ER Visits Per 1000	Calculation of ER visits divided by total members times 1000.

PAR Dinner Meetings: As you know, we schedule multiple PAR all-group dinner meetings per year. These are important meetings to gather information, exchange ideas, and share feedback about value-based care initiatives, as well as a chance to interact with your fellow colleagues. **With future meetings, for each PAR primary care physician (MD or DO) or Advanced Practice Clinician (NP or PA) attending the dinner meeting, they will each receive a \$150 per hour participation incentive.** The practice managers and staff are welcome, and we encourage them to attend these dinner meetings, but they will not be paid the incentive for participating.

SAVE THE DATE: Wednesday, March 4th for Next PAR Dinner Meeting:

Please mark your calendar for Wednesday, March 4th at 5:30pm for dinner and a prompt start at 6:00pm for the PAR Dinner Meeting. The formal invitation is attached to this newsletter. Please RSVP as soon as possible so we have an accurate count for dinner and seating.

PAR Coding Education Sessions aka RAF 101 Boot Camp: Hopefully you had a chance to attend one of the coding education sessions either in November 2019 or the one just recently held in January 2020. Thank you to all who have attended one of those sessions. If you did not have a chance to attend one of those sessions, we are in the process of planning our next PAR Coding Education session. This is a great opportunity to learn the essentials of documenting and coding of high-risk (RAF) conditions. Attached is a document listing the commonly used codes in the primary care setting, which is a good reference guide. **For each PAR primary care physician (MD or DO) or Advanced Practice Clinician (NP or PA) attending the coding education session, they will each receive a \$150 per hour participation incentive.** Please look for a meeting invitation in the near future for the next PAR Coding Education session.

Medication Adherence Outreach Calls to Your Patients

Because the Medication Adherence STARS ratings continue to be such a vital piece of your STAR scores due to their triple-weighted status, the following Quality Tip is being shared. Your biggest opportunity here is to write 100-day prescriptions, **even on first fill**, and to educate your patients on the importance of adherence. PAR is developing an initiative to coordinate outreach calls to your non-compliant patients or those at risk of becoming non-compliant. In addition, it is important to know which of your patients are still on 30-day prescriptions so we can help support you with those patients needing to convert to 100-day prescriptions.

Quality Tip: Medication Adherence

There are 3 Med Adherence STARS measures covering Statins, Oral Diabetes, and Hypertension (ACE/ARBS and RAS antagonists) medications. Each of these measures are triple-weighted in your STARS rating.

Medication adherence saves lives. To improve outcomes and achieve CMS goals:

Please review your patient's medications and assure you have submitted an updated prescription with correct dose/instructions to the pharmacy (patients will appear non-adherent if splitting pills or self-titrating dosage);

Write 100-day prescriptions for medications to treat chronic conditions whenever possible;

Assure patients understand the importance of taking medications as directed. Sometimes it is helpful to advise them that they need to take medication daily to "avoid stroke and heart attack" rather than saying to reduce cholesterol or regulate blood pressure;

Always prescribe low-cost, generics when appropriate;

Remind your patients to use their health plan ID at the pharmacy. Even if the best price is cash-pay, the pharmacy is supposed to charge the patient the "lesser of" regardless of whether they submit a pharmacy claim via their Part D benefits;

Encourage use of mail order pharmacy-

One of the most underused but effective ways of keeping your patient's adherent to their medications is by recommending patients use their mail order pharmacy benefits. Our MA population should be encouraged to use OptumRx mail order whenever appropriate. Not only does utilization of mail order increase adherence rate, it is often significantly less expensive for the member. MA patients can get most Tier 1 and Tier 2 meds through OptumRx for a \$0 copay. We have also found that patients referred to social workers or case management for medication cost issues are almost never using their mail order pharmacy benefit.

Home delivery benefits:

- 1) Improve medication adherence: Research shows that medication adherence is higher among patients who fill their prescriptions through home delivery versus a retail pharmacy.
- 2) Overcome access challenges: Patients with limited mobility or transportation don't need to worry about traveling to a pharmacy.
- 3) Reduce refills: With home delivery, patients receive a 90-day supply of their maintenance medication, so they only have to refill four times a year.
- 4) Control costs: Prescriptions often cost less through home delivery than they do at a retail pharmacy.
- 5) Simplify refills and renewals: Patients can visit [OptumRx.com](https://www.optumrx.com) or call 800-791-7658 to order refills

Lastly, while mail order is preferred, writing 100-day prescriptions for local retail pharmacy pick-up is the next best option. Please let us know if you hear any feedback from your patients that local pharmacies are converting your 100-day prescriptions to 30-days. This has been an issue we heard about in the past and we want to assure this is addressed if it comes up again.

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

Warm regards,

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