Division of
Health Care
Finance & Administration

Health Care
Innovation Initiative

Provider Stakeholder Group
November 16, 2016

Agenda

- Tennessee Health Link – Program Launch
- Episodes- CY 2017 performance period- acceptable thresholds and quality metric thresholds
- November Episodes Reports Release

Tennessee Health Link – Program Launch

- As part of Governor Haslam's Tennessee Health Care Innovation Initiative, Tennessee Health Link will launch statewide on December 1, 2016.

- The primary objective of Tennessee Health Link is to coordinate health care services for TennCare members with the highest behavioral health needs (estimated 90,000 people).

- Health Link is meant to produce improved member outcomes, greater provider accountability and flexibility when it comes to the delivery of appropriate care for each individual, and improved cost control for the state.

- The twenty-one Health Link providers are encouraged to ensure the best care setting for each member, offer expanded access to care, improve treatment adherence, and reduce hospital admissions.

- The program is built to encourage the integration of physical and behavioral health, as well as, mental health recovery, giving every member a chance to reach his or her full potential for living a rewarding and increasingly independent life in the community.

Tennessee Health Link Organizations

- **21 provider groups have been selected to participate in Health Link**

Alliance Healthcare Services, Inc.
Camelot Care Centers, Inc.
CareMore Medical Group of Tennessee, PC
Carey Counseling Center, Inc.
Case Management, Inc.
Centerstone
Cherokee Health Systems
Frontier Health
Generations Health Association
Health Connect America
Helen Ross McNabb Center, Inc.
LifeCare Family Services
Mental Health Cooperative, Inc.
Omni Community Health
Pathways of Tennessee, Inc.
Peninsula, a Division of Parkwest Medical Center
Professional Care Services of West TN, Inc.
Quinco Community Mental Health Center, Inc.
Ridgeview Psychiatric Hospital and Center
Unity Management Services, Inc
Volunteer Behavioral Health Care System

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TennCare episode of care thresholds: How thresholds are set

How Thresholds are Set

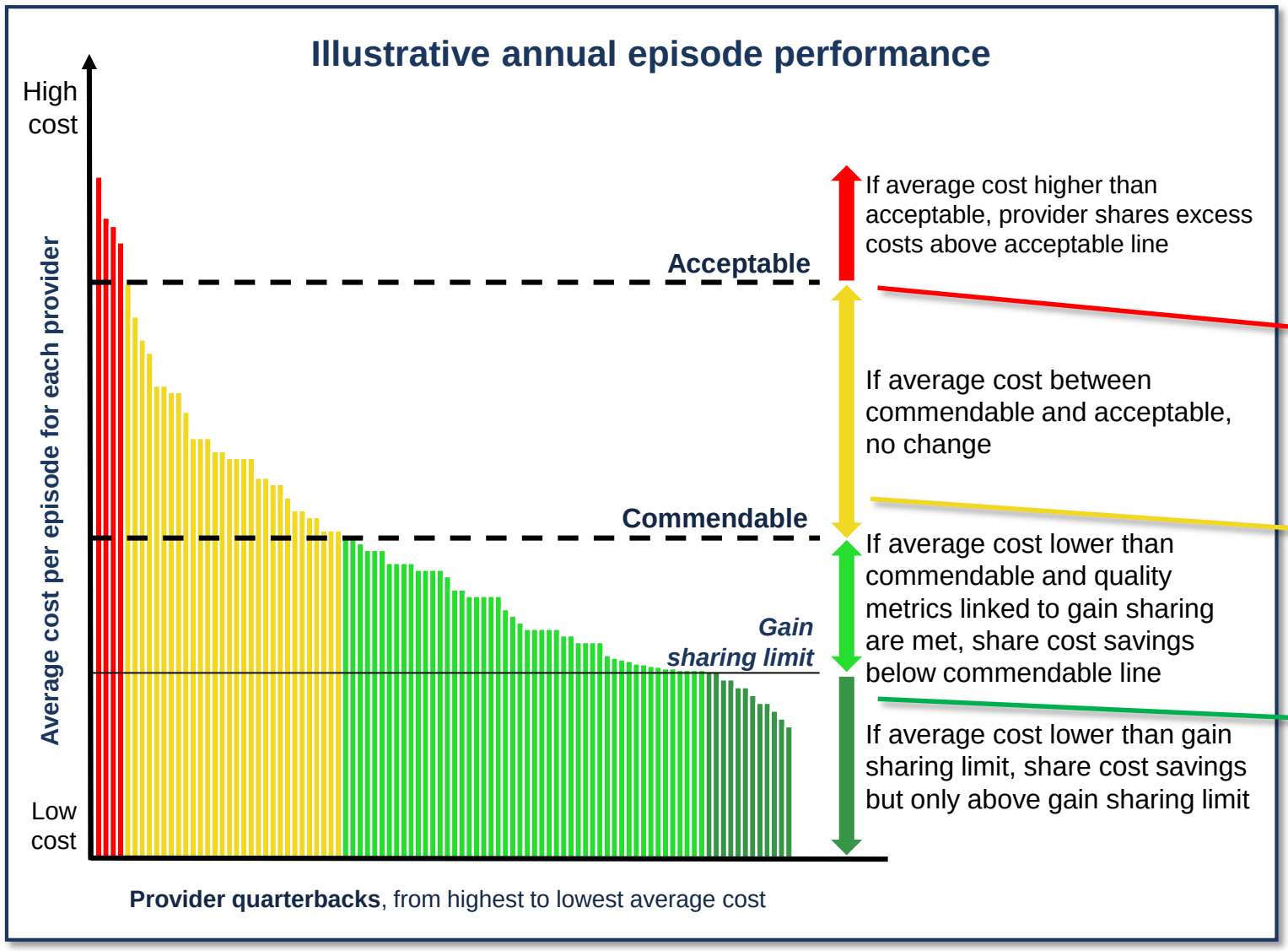
- *Acceptable threshold:* TennCare sets acceptable threshold so that the providers with the highest risk-adjusted average annual cost for all TennCare would see a penalty, based on 2015 data. For the 2017 performance period, ten percent of providers would have been eligible for risk sharing.*
- *Commendable threshold:* Each MCO sets its own commendable thresholds. For the 2017 performance period, the commendable threshold is set such that reward and penalty dollar amounts would be equal, based on 2015 data. Information on the commendable threshold is available from each MCO.
- *Gain sharing limit threshold:* To set the gain sharing limit the state defines a list of essential services for each episode. Based on that list, the MCO will identify the five lowest cost episodes, based on 2015 data, that include each of the essential services. The average cost of those five lowest cost episodes will be the gain sharing limit for that MCO.
- *Quality metrics linked to gain-sharing thresholds:* Some quality metrics will be linked to gain sharing, while others will be reported for information only. To be eligible for gain sharing, providers must meet predetermined thresholds for gain sharing linked quality metrics. The quality thresholds for the 2017 performance period are set between the 50th and 75th percentile based on 2015 data.

*Wave 1 and 2 not changed from previous year.

Notes on Thresholds

- All thresholds are set before the performance year. Actual experience may be different from previous years, so actual results will vary from the projections. The best outcome would be that results would be lower than the state's projections which would lead to savings for the payers and rewards for providers.
- In the first year, thresholds will be set so that rewards and penalties are expected to be equal. In future years this may not be the case. Faced with a choice between lowering rates across the board versus lowering thresholds, for example, thresholds would result in concentrating payments to high value providers.
- Commercial payers will set their own thresholds according to their own approaches.

TennCare episode of care thresholds: Illustrative example



The **acceptable threshold** is set by TennCare

The **commendable threshold** is set by each MCO

The **gain sharing limit** methodology is defined by TennCare, and set by the MCO

Wave 1 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Perinatal	C-Section rate	41%	$7,783	Varies by MCO
	Group B strep screening rate	85%		
	HIV screening rate	85%		
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Gestational diabetes screening rate ▪ Asymptomatic bacteriuria screening rate ▪ Hepatitis B screening rate ▪ Tdap vaccinate rate			
Asthma	Follow-up with physician or other practitioner within 30 days of discharge	30%*	$1,394	Varies by MCO
	Patient on appropriate medication (oral corticosteroid and/or injectable corticosteroids)	30%**		
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Repeat acute exacerbation during the post-trigger window ▪ Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes) ▪ Smoking cessation counseling for the patient and/or family was offered ▪ Education on proper use of medication, trigger avoidance, or asthma action plan was discussed ▪ Chest x-ray utilization rate			
Total Joint Replacement	No quality metrics linked to gain sharing		$15,945	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Readmission rate – 30-day all cause readmission rate (after applying readmission exclusions) ▪ Post-op deep venous thrombosis (DVT)/Pulmonary Embolism (PE) within 30 days post-surgery ▪ Post-op wound infection rate within 90 days post-surgery ▪ Dislocations or fractures within 90 days post-surgery ▪ Average inpatient length of stay			

*Reduced from a threshold of 43% in 2016 due to a change in the follow-up visit definition.

**Reduced from a threshold of 82% in 2016 due to change in methodology based on the feedback sessions.

Wave 2 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Colonoscopy	No quality metrics linked to gain sharing		$1,325	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry ▪ Perforation of colon during the trigger or post-trigger windows ▪ Post-polypectomy/biopsy bleeding during the trigger or post-trigger windows ▪ Prior colonoscopy: screening, surveillance, or diagnostic colonoscopy within 1 year prior to the triggering colonoscopy ▪ Repeat colonoscopy: screening, surveillance, or diagnostic colonoscopy within 60 days after the triggering colonoscopy			
Outpatient and Non-Acute Cholecystectomy	Hospitalization in the post-trigger window	10%	$5,687	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Intraoperative cholangiography during the trigger window ▪ Endoscopic retrograde cholangiopancreatography (ERCP) within 3 to 30 days after procedure ▪ Average length of stay			
COPD Acute Exacerbation	Percent of episodes where the patient visits a physician or other practitioner during the post-trigger window	40%*	$3,608**	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Repeat acute exacerbation during the post-trigger window ▪ Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes) ▪ Smoking cessation counseling for the patient and/or family was offered			

*Reduced from a threshold of 60% in 2016 due to a change in the follow-up visit definition.

**Reduced from a threshold of $4,196 in 2016 due to a change in the episode methodology.

Wave 2 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
PCI – Acute	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%	$11,655	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches) ▪ Staged PCI: repeat PCI in the post-trigger window			
PCI – Non Acute	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%	$10,048	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches) ▪ Staged PCI: repeat PCI in the post-trigger window			

Wave 3 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Upper GI Endoscopy (Esophagogastroduodenoscopy (EGD))	No quality metrics linked to gain sharing		$1,769.30	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Perforation within upper gastrointestinal tract ▪ Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus			
Respiratory Infection	No quality metrics linked to gain sharing		$171.90	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Antibiotic injection for Strep A sore throat ▪ Steroid injection for Strep A sore throat			
Pneumonia	Follow-up care within the post-trigger window	30%	$2,191.70	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Follow-up care within the first seven days of post-trigger window ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window			

Wave 3 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Urinary Tract Infection (UTI)-Outpatient	Admission within the trigger window for ED triggered episodes	5%	$227.70	Varies by MCO
	Admission within the trigger window for non-ED triggered episodes	5%		
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Pseudomembranous colitis within the post-trigger window ▪ Urinalysis performed in the episode window ▪ Renal ultrasound for children under two years old within the post-trigger window			
Urinary Tract Infection (UTI)-Inpatient	Follow-up care within the post-trigger window	40%	$5,833.90	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Follow-up care within the first seven days of post-trigger window ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window			
Gastrointestinal Hemorrhage (GIH)	Follow-up care within the post-trigger window	40%	$6,554.30	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Follow-up care within the first seven days of post-trigger window ▪ Emergency department visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window ▪ Mortality within the episode window			

Wave 4 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Attention Deficit and Hyperactivity Disorder (ADHD)	Minimum care requirement (5 visits/claims during the episode window)	70%	$1,959,60	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Utilization of E&M and medication management ▪ Utilization of therapy ▪ Utilization of level I case management ▪ Utilization of medication by age group ▪ Follow-up within 30-days of the trigger visit			
Bariatric Surgery	Follow-up care within the post-trigger window	30%	$9,989,40	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): • Surgery performed at an accredited facility (e.g., through Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)) • Appropriate procedural choice • Admission within the post-trigger window • Emergency department visit within the post-trigger window • Mortality within the episode window			
Coronary Artery Bypass Graft (CABG)	Follow-up care within the post-trigger window	90%	$40,473.90	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): ▪ Participation in a Qualified Clinical Data Registry ▪ Admission within the post-trigger window ▪ Major morbidity within the episode window ▪ Mortality within the episode window			

Wave 4 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Congestive Heart Failure (CHF) Acute Exacerbation	Follow-up care within the post-trigger window	60%	$9,333.80	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): • Follow-up care within the first seven days of post-trigger window • Admission from the emergency department within the post-trigger window • Admission within the post-trigger window • Mortality within the episode window • Utilization of functional status assessment			
Oppositional Defiant Disorder (ODD)	Minimum care requirement (6 therapy and/or level I case management visits during the episode window)	70%	$2,194.70	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): • Medication with no comorbidity • Prior ODD diagnosis • Utilization (excluding medication) • Utilization of therapy and level I case management			
Valve Repair and Replacement	Follow-up care within the post-trigger window	90%	$71,917.60	Varies by MCO
	Quality metrics not linked to gain sharing (i.e., informational only): • Participation in a Qualified Clinical Data Registry • Admission within the post-trigger window • Major morbidity in the episode window • Mortality within the episode window			

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November Episodes Report Release

The November Episodes Reports, covering Quarter 1 and Quarter 2 of the CY 2016 performance period, were released to providers between November 8th and 15th.

These performance reports cover the following episodes:

- Perinatal;
- Total Joint Replacement;
- Asthma Acute Exacerbation;
- Acute PCI;
- Non-acute PCI;
- Outpatient and Non-Acute Inpatient Cholecystectomy;
- Screening and Surveillance Colonoscopy;
- Chronic Obstructive Pulmonary Disease (COPD) Acute Exacerbation

November Episodes Report Release

The November Episodes Preview Reports, covering the period of July 1, 2015 – June 30, 2016, were released to providers between November 8th and 15th.

These preview reports cover the following episodes:

- Upper GI Endoscopy (EGD)
- Respiratory Infection
- Pneumonia (PNA)
- Urinary Tract Infection (UTI) – Outpatient
- Urinary Tract Infection (UTI) – Inpatient
- Gastrointestinal Hemorrhage (GIH)
- Attention Deficit and Hyperactivity Disorder (ADHD)
- Bariatric Surgery
- Coronary Artery Bypass Graft (CABG)
- Congestive Heart Failure (CHF) Acute Exacerbation
- Oppositional Defiant Disorder (ODD)
- Valve Repair and Replacement

November Episodes Report Release

If you have any questions about accessing reports, you can contact the MCO provider support teams at the following numbers:

- Amerigroup: 615-232-2160
- BCBST: 800-924-7141 (Option 4)
- United Healthcare: 615-372-3509

Thank You

- Questions? Email payment.reform@tn.gov
- More information: http://www.tn.gov/hcfa/section/strategic-planning-and-innovation-group