



STATE OF TENNESSEE

2019 Health Link Program Enhancements

11/28/2018

Agenda

- Health Link Facts & Figures
- Statewide Average Total Cost of Care 2019
- Outcome Payment Formula for 2019
- Updates to Quality Metrics for 2019
- Reporting Only Metrics 2019
- Reporting Timeframes
- Navigant Update
- Next Steps
- Conclusion
- Dates & Announcements
- Questions

Health Link Facts & Figures

Health Link Facts & Figures

	January-March 2018 (Quarter 1)	April-June 2018 (Quarter 2)
Total Eligible	110,224	128,956
Active	62,254	73,589
• 0-17 years old	29,529	31,489
• 18+ years old	39,725	42,100
Attributed Not Enrolled	49,970	55,367

	January-March 2018 (Quarter 1)	April-June 2018 (Quarter 2)
Total Contacts	512,373	296,720
• Face to Face (UC)	292,638	163,033
• Indirect (UD)	219,735	133,687
• Member (UA)	372,044	231,669
• Collateral (UB)	140,587	114,072



2018 Care Coordination Tool achievements

- Admission, Discharge, and Transfer (ADT) feeds continue to be a significant data source for the PCMH and THL programs
- To date, **88%** of hospitals and licensed hospital beds statewide are submitting ADT data
 - **September:** All 9 Covenant facilities from East Tennessee Health Information Network (etHIN) are now Live
 - **December:** All Tennova/CHS facilities to go Live



ADT feeds from hospitals across the state in near real-time

Statewide Average Total Cost of Care 2019

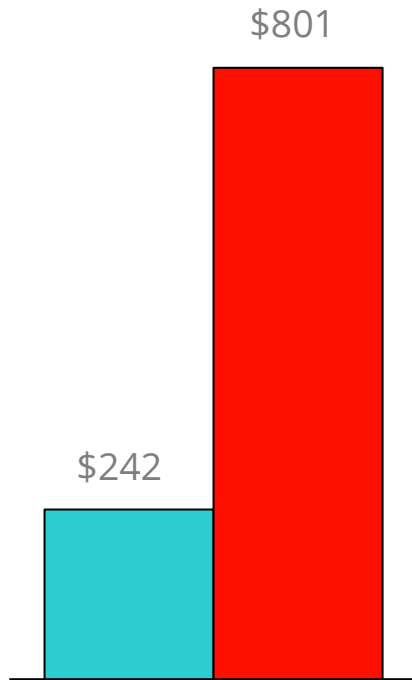
Statewide average Total Cost of Care

The average TCOC amount represents the average per member per month spend for a PCMH or THL member across all 3 MCOs and is included in the outcome payment formulas for low volume PCMHs and THLs.

Total Cost of Care (TCOC)

USD PMPM
CY 2019

■ PCMH
■ Health Link



- Statewide average TCOC used for calculation of outcome payments for Health Links and PCMH organizations with <5000 members
- Average is calculated using a **capped mean**:
 - Mean is calculated across all MCOs
 - Capped indicates members with TCOC >\$100,000 are set to a cost of \$100,000
 - Capped most closely matches broader TCOC calculation
- Averages may be re-evaluated after first performance year

Outcome Payment Formula 2019

Outcome Payment Formula for 2019

2019 Outcome Payment Formula



Total Cost of Care for 2019: \$ 801

- **Average Cost of Care (PMPM): \$801** represents the average cost of care per member per month across the statewide Health Link population.

Updates to 2019 Quality Metrics

2019 Quality Metrics

Quality Metrics

The Health Link and Patient Centered Medical Home (PCMH) programs use HEDIS metrics for the quality and efficiency component of each program. The National Committee for Quality Assurance (NCQA) releases changes to the HEDIS measures yearly. The current quality and efficiency metrics were implemented at the launch of the program in December 2016.

Threshold Determination

- Reviewed the averages nationally and statewide
- Also looked at provider performance average
- TennCare ultimately decided on using the 25th national Medicaid percentile as a benchmark
- Some metrics thresholds will remain the same and others were modified using the above benchmark

*There is one custom metric for Health Link

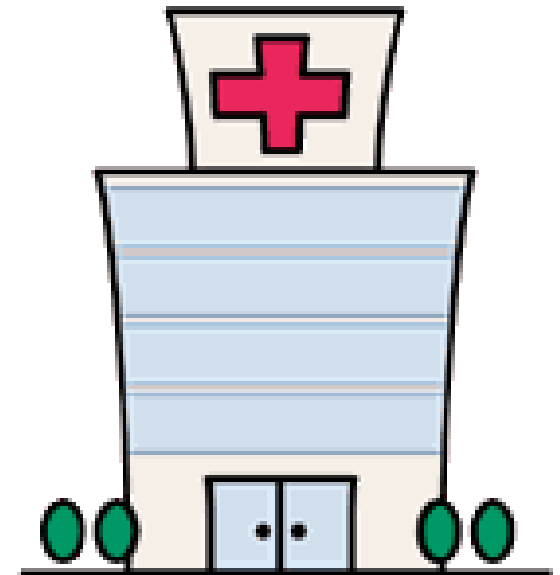
7 and 30 Day Psychiatric Hospital/RTF readmission rate

7 Day Psychiatric Hospital/RTF Readmission rate

- Metric used in 2018
- Threshold in 2018: $\leq 5\%$
- Threshold in 2019: $\leq 5\%$

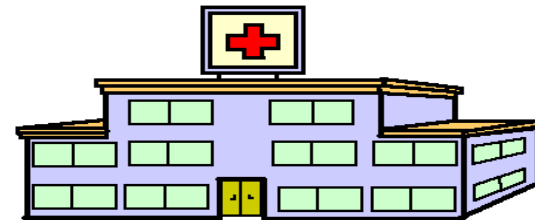
30 Day Psychiatric Hospital/RTF Readmission rate

- Metric used in 2018
- Threshold in 2018: $\leq 15\%$
- New threshold for 2019: $\leq 13\%$



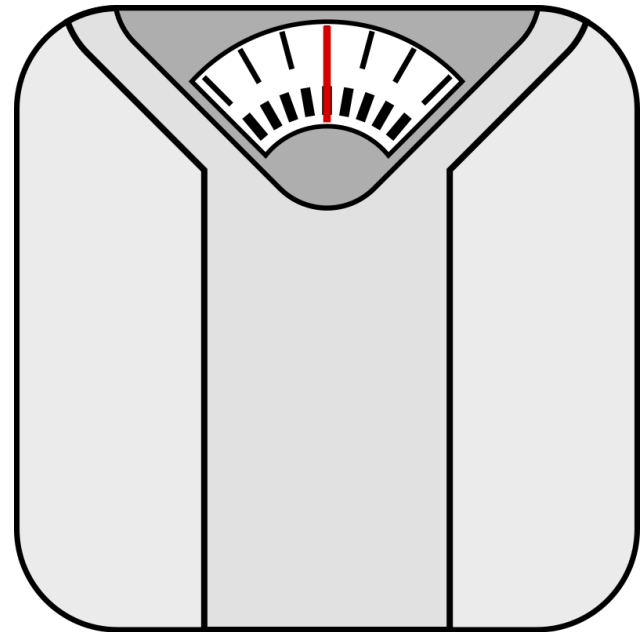
Follow-up after hospitalization for mental illness- Within 7 days of discharge (FUH)

- Follow-up after hospitalization for mental illness within 7 & 30 days was used for 2018 metrics
- Within 30 days of discharge was removed
 - If a 7 day follow-up visit occurs credit is automatically given for the “Within 30 days of discharge”
- Threshold for 2018: $\geq 60\%$
- **Threshold for 2019: $\geq 35\%$**



Adult BMI (ABA)

- Metric used in 2018
- Threshold for 2018: $\geq 60\%$
- Threshold for 2019: $\geq 83\%$



Antidepressant medication management- Continuation phase (AMM)

- Metric used in 2018
- Acute phase removed by HEDIS as an MCO accreditation measure
- Continuation phase more clinically relevant

- Threshold in 2018: $\geq 40\%$
- **Threshold in 2019: $\geq 40\%$**



Comprehensive diabetes care-Eye Exam (CDC)

- Composite metric used in 2018:
 - Eye Exam
 - BP control $\leq 140/90$
 - Nephropathy
- Composite metric used in 2019
 - Eye exam
 - Nephropathy
- Nephropathy has been removed from HEDIS Accreditation
 - Metric moved to *Reporting Only* for 2019
- Comprehensive diabetes care will only include Eye Exam as a core metric
- Eye Exam Threshold in 2018: $\geq 40\%$
- **Eye Exam Threshold for 2019: $\geq 51\%$**



EPSDT Adolescent well-care visits 12-21 years (AWC) and EPSDT well-child visits ages 7-11 years

- Both metrics used in 2018
- EPSDT 7-11 years threshold 2018: $\geq 55\%$
- EPSDT 7-11 years threshold 2019: $\geq 55\%$
- EPSDT (AWC) 12-21 years threshold 2018: $\geq 45\%$
- EPSDT (AWC) 12-21 years threshold for 2019: $\geq 47\%$



Breakout Question...

- Of the previous metrics, what metric did more than 10 providers earn a star?
- Of the previous metrics, what metric(s) did less than 3 providers earn a star?



2018 Core Metrics

- 7 and 30 day psychiatric hospital/RTF readmission
- Antidepressant medication management
- Follow-up after hospitalization for mental illness within 7 and 30 days of discharge
- Alcohol & drug (A&D) dependence treatment
- Use of multiple concurrent antipsychotics in children and adolescents
- BMI and weight assessment
- Comprehensive diabetes care (composite 1)
- Comprehensive diabetes care (composite 2)
- EPSDT Well-child visits ages 7-11 years
- EPSDT Adolescent well-care visits ages 12-21 years

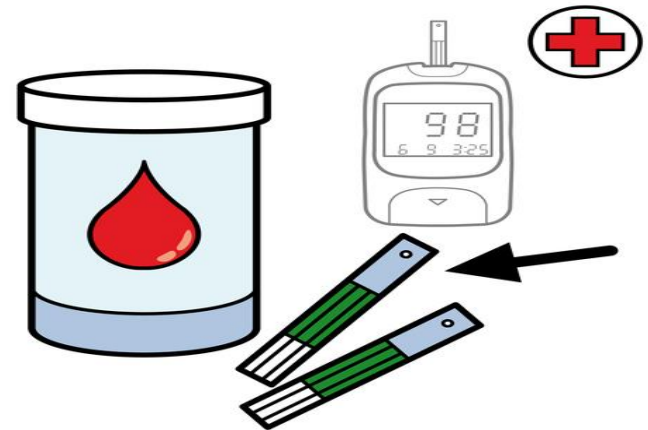
Adherence to antipsychotic medications for individuals with Schizophrenia (SAA)

- New metric for 2019
- **Description:** The % of members 19-64 years of age during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period
- **Threshold:** $\geq 59\%$



Diabetes screening for people with Schizophrenia or Bipolar Disorder who are using antipsychotic medications (SSD)

- New metric for 2019
- **Description:** The % of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
- **Threshold:** $\geq 82\%$



Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

- New metric for 2019
- **Description:** The % of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing
- **Threshold:** $\geq 33\%$



Reporting Only Metrics 2019

CY2019 reporting-only quality metrics

Metric

1. Annual monitoring of patients on persistent medications (adults only) – Total rate (MPM)

2. Comprehensive Diabetes Care (CDC) - Nephropathy

3. Statin therapy for patients with cardiovascular disease (SPC)

- Statin therapy for patients with cardiovascular disease – Received statin therapy
- Statin therapy for patients with cardiovascular disease – Statin adherence 80%

4. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

- **Description:** The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.



Reporting Timeframes

Reporting Timeframe- PCMH Wave 1 and Health Link

Reporting period DOS 











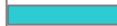





Report release ▲

2018 (PY2)

2019 (PY3)

2020 (PY4)

Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3

Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Performance report #1											
Cost											
Quality/Efficiency metrics											
				▲ August 2018							
Performance report #2											
Cost											
Quality/Efficiency metrics											
				▲ Nov 2018							
Performance report #3											
Cost											
Quality/Efficiency metrics											
					▲ Feb 2019						
Performance report #4											
Cost											
Quality/Efficiency metrics											
						▲ May 2019					
Performance report #5											
Cost											
Quality/Efficiency metrics											
								▲ Aug 2019			
Performance report #1											
Cost											
Quality/Efficiency metrics											
								▲ Aug 2019			
Performance report #2											
Cost											
Quality/Efficiency metrics											
								▲ Nov 2019			
Performance report #3											
Cost											
Quality/Efficiency metrics											
									▲ Feb 2020		

In August providers will receive two reports: the last performance report for PY2 and the first report for PY3.



Reporting Timeframe- PCMH and Health Link Wave 2

Reporting period DOS 

Activity	2018 (PY1)				2019 (PY2)				2020 (PY3)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
Performance report #1												
Cost	■											
Quality/Efficiency metrics	■											
				▲ August 2018								
Performance report #2												
Cost	■											
Quality/Efficiency metrics	■											
				▲ Nov 2018								
Performance report #3												
Cost	■											
Quality/Efficiency metrics	■											
					▲ Feb 2019							
Performance report #4												
Cost	■											
Quality/Efficiency metrics	■											
						▲ May 2019						
Performance report #5												
Cost	■											
Quality/Efficiency metrics	■											
							▲ Aug 2019					
Performance report #1												
Cost					■							
Quality/Efficiency metrics					■							
							▲ Aug 2019					
Performance report #2												
Cost					■							
Quality/Efficiency metrics					■							
								▲ Nov 2019				
Performance report #3												
Cost					■							
Quality/Efficiency metrics					■							
									▲ Feb 2020			

In August providers will receive two reports: the last performance report for PY1 and the first report for PY2.



Navigant Update



Navigant Update

- Navigant on-site coaching will end **December 31st 2018**
- Navigant will continue to host webinars, conferences and collaboratives through 2019
- Navigant's support **will end for both PCMH and THL January 31, 2020**
- On-site coaching/support will be provided by the MCO's during the Engagement Evaluation process
 - Each MCO has agreed to stagger monthly visits to ensure a minimum of one touchpoint per month
 - On-site coaching by the MCO's will be monitored by TennCare
 - If this support is not sufficient, please contact me at: Jasmine.Randle@tn.gov for additional discussion
- Navigant will complete a final annual review for those practices involved with coaching no later than Q1 2019
 - This information will be accessible to all MCO's

Next Steps

Next Steps

- MCO's will be developing educational tools around the new 2019 metrics
- Each MCO will be available for additional in-depth resources around the 2019 metrics
- Reference the *"How to Succeed with THL Quality Metrics"* Summer webinar on the THL website for reminders as to what closes the gaps with the metrics used for 2018 (i.e. FUH, AWC, AMM, etc.)
- Please contact your MCO representative for additional questions or concerns



Conclusion

Dates & Announcements

- **December 6:** THL Navigant webinar “Transitional Care”, 11am-12pm CST
- **December 24-25 & 31st:** TennCare closed due to holiday
- **December 31st:** Last day of Navigant on-site coaching for Wave 1 practices
- **January 1st:** TennCare closed due to holiday
- **February conferences:** February 26th (West), 27th (Middle) and 28th (East)



Why Integrated Care Coordination?



Quote of the day...

“For he who has health has hope; and he who has hope, has everything.”

-Owen Arthur



THANK YOU

Questions?