



Division of
**Health Care
Finance & Administration**

Health Care
Innovation Initiative

















Health Link “How to Read Your Reports” Webinar
3/14/2017

Quarterly Reports from MCOs

- Each MCO will deliver a report to each Health Link organization on a quarterly basis
- Reports are meant to show how your organization is doing on quality and efficiency and how your organization's performance compares to others'
- All MCOs are using the same template, so the formats of these reports will be identical
- The triangles below indicate when you can expect each report
- The blue bars indicate the data that is used to generate the values in the report
- If you have trouble accessing your reports, contact the MCOs directly:
 - Amerigroup: agptnhealthlink@amerigroup.com
 - BlueCare: melissa_isbell@bcbst.com
 - United: bh_payment_reform@uhc.com

Reporting Timeframes

Reporting period DOS 
Report release ▲

Activity	2016				2017				2018		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Preview report #1											
Cost				▲ Nov 2016							
Quality/Efficiency metrics											
Preview report #2											
Cost				▲ Feb 2017							
Quality/Efficiency metrics											
Preview report #3											
Cost					▲ May 2017						
Quality/Efficiency metrics											
Performance report #1											
Cost							▲ August 2017				
Quality/Efficiency metrics											
Performance report #2											
Cost							▲ Nov 2017				
Quality/Efficiency metrics											
Performance report #3											
Cost								▲ Feb 2018			
Quality/Efficiency metrics											
Performance report #4											
Cost									▲ May 2018		
Quality/Efficiency metrics											
*Performance report #5											
Cost										▲ Aug 2018	
Quality/Efficiency metrics											

*Note: Performance report #5 will be the basis for each practice's outcome payment.

State of Tennessee Health Care Innovation Initiative



Preview Report

[Tennessee Health Link]

[Report Date]

[Report Period Total Cost of Care: Start/end dates of period]

[Report Period Quality & Efficiency Metrics: Start/end dates of period]

Payer Name

Provider Name

Provider TIN

Each preview report is meant to give providers a sense of how they were performing during CY2016 before the program launched. Some of the fields are unable to be reported at this time. Only data from January 1, 2017-December 31, 2017 will be included in your performance evaluation.

Preview Report

Report Date: Month Year **Sample Tennessee Health Link Preview Report**

Total Cost of Care Report Period: January 1, 2016 – September 30, 2016

Quality & Efficiency Metrics Report Period: January 1, 2016 – December 31, 2016

A. Health Link Membership & Activity Payments

Activity payments earned as of 1/31/17: \$177,600

% of your attributed members who are enrolled in Health Link (as of 1/31/17): 65.4%

B. Quality Stars

Stars earned: (3 of 10) ★★☆☆☆☆☆☆☆☆

A minimum of 4 quality stars is required to be eligible for an outcome payment.

Each quality star unlocks 5% of the outcome savings percentage once you meet the minimum quality star requirement.

Your 3 quality stars unlock **0% of outcome savings percentage.**

C. Efficiency Stars

Stars earned (4 of 5): ★★★★★

Each efficiency star unlocks 10% of the outcome savings percentage.

Your 4 efficiency stars unlock **40% of outcome savings percentage.**

*A minimum of 4 quality stars is required to be eligible for an outcome payment.

D. Efficiency Improvement Percentage

Efficiency improvement percentage: N/A

This score is calculated based on improvement relative to your practice’s baseline efficiency. A positive efficiency improvement percentage is required for outcome payment.

E. Potential for Annual Outcome Payment

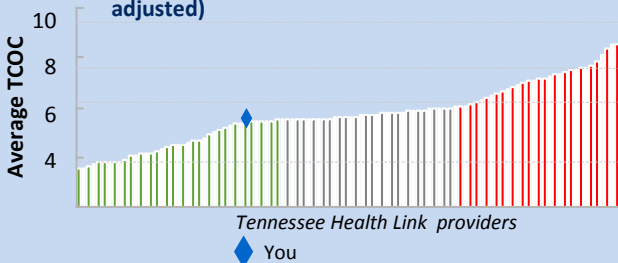
Your potential outcome payment: N/A

The performance year is January 1, 2017 through December 31, 2017. An actual outcome payment will be calculated and paid following claims run-out and processing.

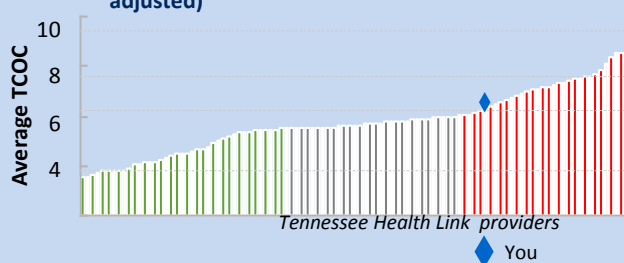
F. Total Cost of Care (for reporting only)

Your average per member per month Total Cost of Care \$XXX.XX

Distribution of provider average TCOC (non risk adjusted)



Distribution of provider average BH spend (non risk adjusted)



Appendix: Quality measure detail

A. Health Link Membership & Activity Payments

	% of attributed members that are enrolled	Enrolled members with an activity claim this month
December 2016	53.2%	582
January 2017	65.4%	612

Activity Payments earned as of 1/31/17	\$177,600
--	-----------

Member months counted towards outcome payment ¹	N/A
--	-----

¹ Final number in annual performance report will be based on 9 month attribution rules

B. Quality Stars

Quality Stars: (3 of 10) ★★☆☆☆☆☆☆☆☆

A minimum of 4 quality stars is required to be eligible for an outcome payment.

Each quality star unlocks 5% of the outcome savings percentage once you meet the minimum quality star requirement.

Your 3 quality stars unlock **0% of outcome savings percentage.**

Each measure requires 30 members to accurately measure your performance. No credit is awarded for a measure in which the panel did not meet or exceed 30 members. Performance must meet or exceed the benchmark for each sub-measure in order to earn a star.

Quality Measure	Panel eligible for measure?	Your Performance	Benchmark	Star Earned
7- and 30-day psychiatric hospital / RTF readmission rate <ul style="list-style-type: none"> ➢ 7 day rate ➢ 30 day rate 	✓	4.2% 6.1%	≤5.0% ≤15.0%	★
Antidepressant medication management <ul style="list-style-type: none"> ➢ Effective acute phase treatment ➢ Effective continuation phase treatment 	✗	56.0% 42.1%	≥55.0% ≥40.0%	—
Follow-up after hospitalization for mental illness w/in 7 and 30 days <ul style="list-style-type: none"> ➢ 7 day rate ➢ 30 day rate 	✓	65.3% 70.4%	≥60.0% ≥75.0%	—
Alcohol & drug (A&D) dependence treatment <ul style="list-style-type: none"> ➢ Initiation of A&D dependence treatment ➢ Engagement of A&D dependence treatment 	✓	47.3% 19.0%	≥45.0% ≥15.0%	★
Use of multiple concurrent antipsychotics in children/adolescents	✓	0.7%	≤1.0%	★
BMI and weight assessment <ul style="list-style-type: none"> ➢ Adult BMI screening rate ➢ BMI percentile (children) ➢ Counseling for nutrition (children) 	✓	49.2% 31.0% 7.5%	≥60.0% ≥30.0% ≥30.0%	—
Comprehensive diabetes care <ul style="list-style-type: none"> ➢ HbA1c testing ➢ HbA1c poor control (>9%) 	✓	83.0% 74.2%	≥85.0% ≤50.0%	—
Comprehensive diabetes care <ul style="list-style-type: none"> ➢ Eye Exam ➢ BP < 140/90 ➢ Nephropathy 	✓	41.4% 8.7% 90.0%	≥40.0% ≥50.0% ≥85.0%	—
EPSDT Well child visits ages 7-11 years	✓	46.1%	≥55.0%	—
EPSDT Adolescent well-care visits age 12-21 years	✓	42.3%	≥45.0%	—

C. Efficiency Stars

Efficiency Stars(4 of 5): ★★☆☆☆

Each efficiency star unlocks 10% of the outcome savings percentage.

Your 4 efficiency stars unlock **40% of outcome savings percentage.**

*A minimum of 4 quality stars is required to be eligible for an outcome payment.

Each measure requires thirty (30) members to accurately measure your performance. No credit is awarded for a measure in which the panel did not meet or exceed 30 members.

Efficiency Measure per 1,000 member months	Panel Eligible for measure?	Your performance	Benchmark	Star Earned
All cause hospital readmissions	✓	0.47	≤0.50	★
ED visits	✓	76.00	≤72.00	—
Inpatient admissions	✓	3.00	≤5.00	★
Mental health inpatient utilization	✓	0.12	≤0.15	★
Inpatient psychiatric admissions	✓	13.00	≤18.00	★

D. Efficiency Improvement Percentage

Efficiency Improvement Percentage: N/A

This score is calculated based on improvement relative to your practice's baseline efficiency.

A positive value in the Efficiency Improvement column denotes improvement in the measure.

A negative value in the Efficiency Improvement column denotes a decrease in performance on that measure.

Total efficiency improvement percentage is capped at 20%.

A positive efficiency improvement percentage is required to be eligible for an outcome payment.

Efficiency Measure per 1,000 member months	Performance at baseline	Performance since 1/1/16	Efficiency Improvement
All cause hospital readmissions	N/A	0.47	N/A
ED visits	N/A	76.00	N/A
Inpatient admissions	N/A	3.00	N/A
Mental health inpatient utilization	N/A	0.12	N/A
Inpatient psychiatric admissions	N/A	13.00	N/A
EFFICIENCY IMPROVEMENT PERCENTAGE (AVERAGE)			N/A

E. Potential for Annual Outcome Payment

Your potential outcome payment: **N/A**

The performance year is January 1, 2017 through December 31, 2017. An actual outcome payment will be calculated and paid following claims run-out and processing.

Calculate your potential outcome payment by using the formula below:

	Section D		Section B + C		Section A	
Average cost of care (PMPM)	Efficiency improvement percentage	Maximum share of savings	Outcome savings percentage	Member months	=	Outcome payment
\$835	N/A	25%	0%	N/A		N/A

- **Average cost of care (PMPM):** \$835 represents the average cost of care per member per month across the statewide Health Link population.
- **Efficiency improvement percentage:** The average of percent improvement in each efficiency metric compared to the previous year, as calculated in Section D.
- **Maximum share of savings:** Each practice can earn a maximum of 25% shared savings.
- **Outcome savings percentage:** A minimum of 4 quality stars is required to be eligible for an outcome payment. Once the minimum quality stars are met, add together the percentages you earned from quality and efficiency stars in Section B and Section C. The outcome savings percentage can reach up to 100% if all stars are earned.
- **Member months:** Outcome payments are generated based on the number of members attributed to your Health Link over time. Only member months for members in each Health Link’s annual performance panel are included in this calculation.
- **Outcome payment:** The outcome payment is officially calculated and generated once per year. The total cannot be calculated for preview reports. Estimates will be shown in performance reports and will change based on your performance and attributed membership over time.

F. Total Cost of Care (for reporting only)

TCOC breakdown by care category as compared to all Tennessee Health Link providers

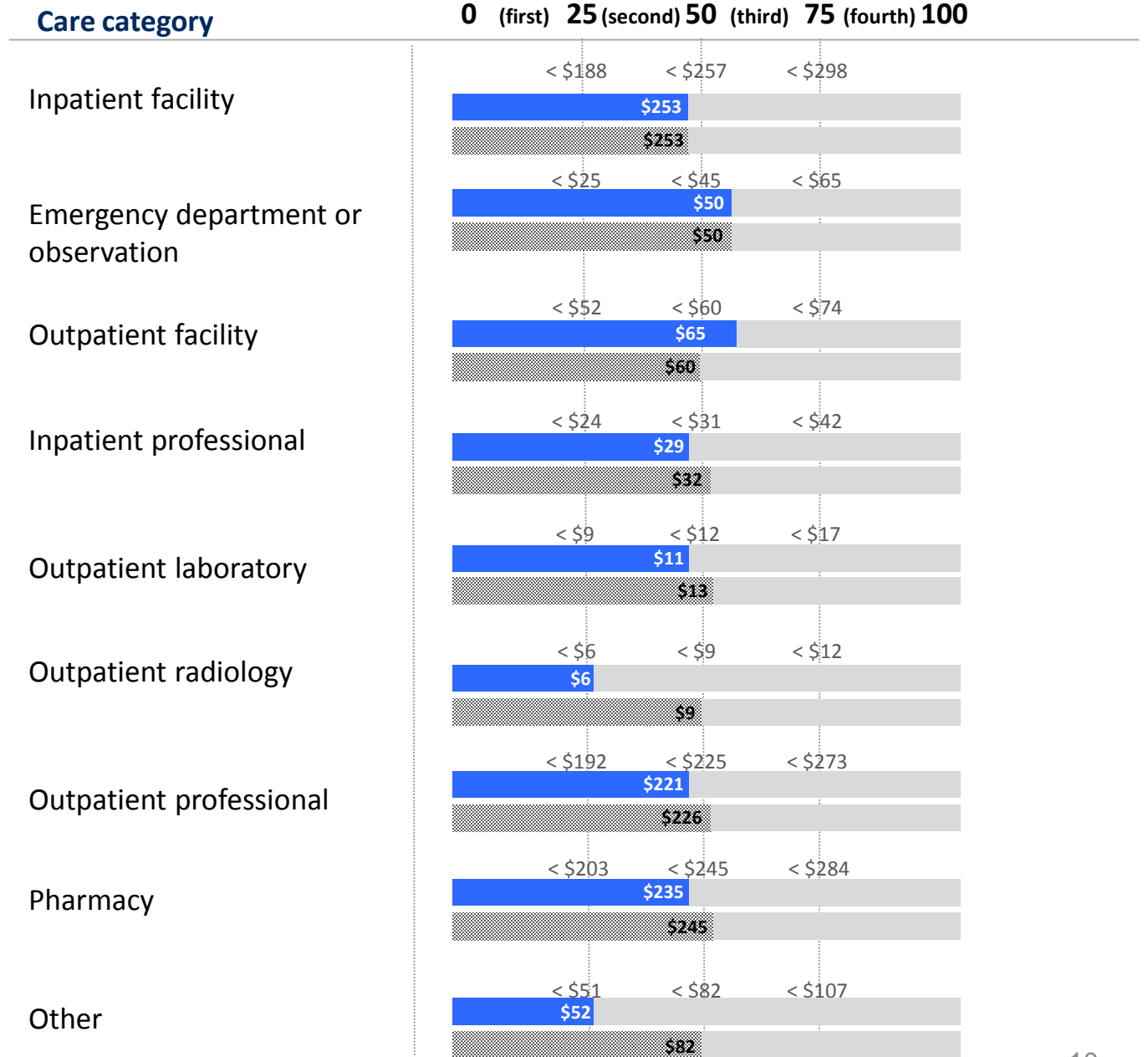
Your average Total Cost of Care per member per month (non risk adjusted): \$XXX.XX
 Health Link provider average Total Cost of Care per member per month (non risk adjusted): \$XXX.XX

▒ Provider base average
 ■ Your performance

Average cost per member (non risk adjusted)

Percentile (Quartile) of Providers

0 (first) 25 (second) 50 (third) 75 (fourth) 100



F. Total Cost of Care (continued)

Behavioral Health Spend

Average behavioral health spend per member per month by care category as compared to all Tennessee Health Link providers

Your average behavioral health spend per member per month (non risk adjusted): \$XXX.XX
 Health Link provider average behavioral health spend per member per month (non risk adjusted): \$XXX.XX

■ Your performance
■ Provider base average

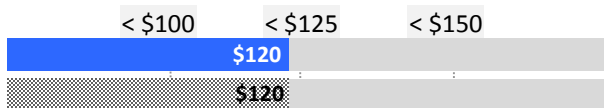
Average behavioral health spend per member (non risk adjusted)

Behavioral health care category

Percentile (Quartile) of Providers

0 (first) 25 (second) 50 (third) 75 (fourth) 100

Inpatient/residential



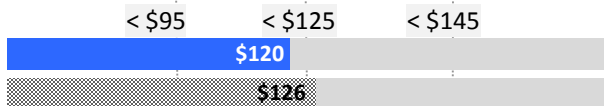
Emergency



Outpatient and other treatment



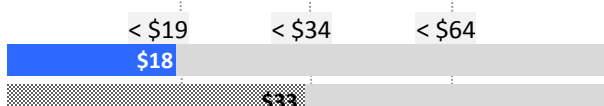
Pharmacy



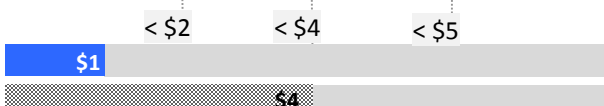
Case management



Supportive services



Other care



Appendix: Quality details (1/4)

Quality measure comparison with provider base
 All sub-measures must be passed in order to earn a star.

■ Your performance ▨ Benchmark

Percentile (Quartile) of Providers

Quality measures **Star Earned** **Panel eligible for measure?** **Short description** **0 (first)** **25 (second)** **50 (third)** **75 (fourth)** **100**

<u>7- and 30-day psychiatric hospital / RTF readmission rate:</u> 7 day psychiatric hospital/RTF readmission rate 30 day psychiatric hospital/RTF readmission rate	★	✓	Rate of psychiatric hospital or RTF readmissions within 7 days	3%	4%	5%	4.2%	5%
			Rate of psychiatric hospital or RTF readmissions within 30 days	9%	12%	17%	6.1%	15%

<u>Antidepressant medication management:</u> Effective acute phase treatment Effective continuation phase treatment	■	X	The % of members who remained on an antidepressant medication for at least 84 days (12 weeks)	47%	51%	56%	56%	55%
			The % of members who remained on an antidepressant medication for at least 180 days (6 months)	32%	37%	40%	42.1%	40%

<u>Follow-up after hospitalization for mental illness within 7 and 30 days:</u> Follow-up after hospitalization for mental illness within 7 days Follow-up after hospitalization for mental illness within 30 days	■	✓	The % of discharges for mental health illness which the member received follow-up within 7 days of discharge	57%	62%	68%	65.3%	60%
			The % of discharges for mental health illness which the member received follow-up within 30 days of discharge	68%	74%	81%	70.4%	75%

Appendix: Quality details (2/4)

Quality measure comparison with provider base
 All sub-measures must be passed in order to earn a star.

■ Your performance ▨ Benchmark

Percentile (Quartile) of Providers

Quality measures	Star Earned	Panel eligible for measure?	Short description	0 (first)	25 (second)	50 (third)	75 (fourth)	100
<u>Alcohol & drug dependence treatment:</u>	★							
Initiation of alcohol & drug dependence treatment	✓		The % of members who initiate treatment through an inpatient alcohol & drug admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis	44%	47%	52%		
					47.3%			
					45%			
Engagement of alcohol & drug dependence treatment	✓		The % of members who initiated treatment and who had two or more additional services with a diagnosis of alcohol & drug dependence within 30 days of the initiation visit	11%	13%	17%		
					19%			
					15%			
<u>Use of multiple concurrent antipsychotics in children/adolescents</u>	★							
Use of multiple concurrent antipsychotics in children/adolescents	✓		The % of members 1-17 years of age who were on two or more concurrent antipsychotic medications (for at least 90 consecutive days during the measurement year)	0%	1%	2%		
					0.7%			
					1%			
<u>BMI and weight composite metric:</u>	■							
Adult BMI Screening	✓		The % of members, ages 18-74 years, with an OP visit whose BMI was documented during the measurement year or the year prior	41%	48%	52%		
					49.2%			
					60%			
BMI percentile (children and adolescents)	✓		The % of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year	20%	26%	32%		
					31%			
					30%			
Counseling for nutrition (children and adolescents)	✓		The % of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year	6%	9%	12%		
					7.5%			
					30%			

Appendix: Quality details (3/4)

Quality measure comparison with provider base
All sub-measures must be passed in order to earn a star.

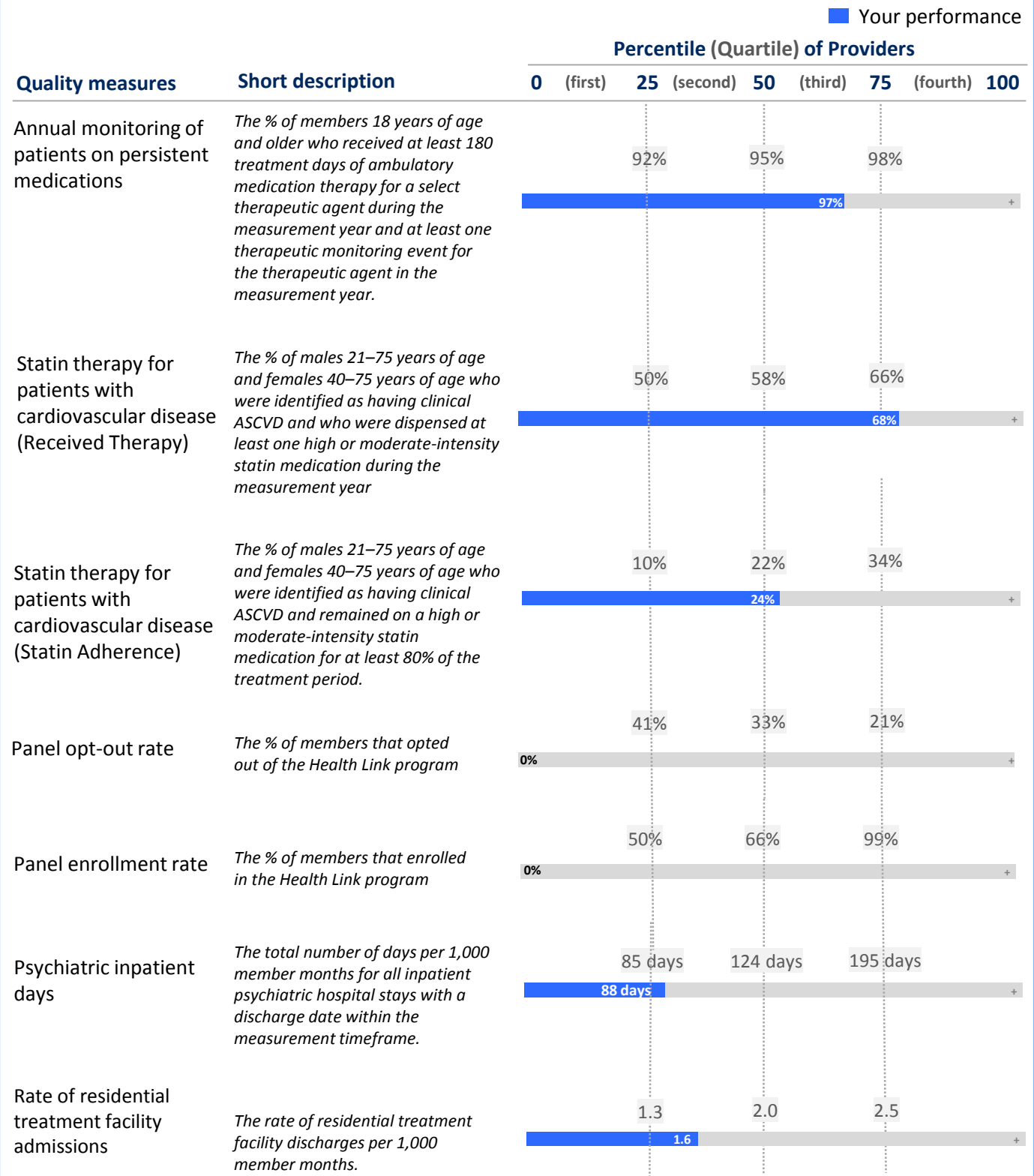
■ Your performance ▒ Benchmark

Percentile (Quartile) of Providers

Quality measures	Star Earned	Panel eligible for measure?	Short description	Percentile (Quartile) of Providers				
				0 (first)	25 (second)	50 (third)	75 (fourth)	100
Diabetes composite metric:								
HbA1c testing	■	✓	The % of patients 18 to 75 years of age with type 1 or 2 diabetes: Who had an HbA1c test performed during the measurement year	77%	81%	83%	83%	85%
HbA1c poor control (>9%)	■	✓	Whose most recent HbA1c level during the measurement year was greater than 9%	63%	68%	75%	74.2%	50%
Diabetes composite metric:								
Eye exam	■	✓	The % of patients 18 to 75 years of age with type 1 or 2 diabetes: who had an eye exam (retinal) performed	30%	33%	37%	41.4%	40%
BP < 140/90	■	✓	Whose most recent blood pressure reading is less than 140/90 mm Hg (controlled)	2%	5%	9%	8.7%	50%
Nephropathy	■	✓	Who received medical attention for nephropathy	89%	91%	93%	90%	85%
EPSTD: Well child visits age 7-11								
EPSTD: Well child visits age 7-11	■	✓	The % of members 7–11 years of age who had one or more well-child visits with a PCP during the measurement year	48%	56%	62%	46.1%	55%
EPSTD Adolescent well-care visits age 12-21								
EPSTD Adolescent well-care visits age 12-21	■	✓	The % of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	44%	49%	52%	42.3%	45%

Appendix: Quality measures for reporting only (4/4)

Quality measure comparison with provider base



Questions?

Contact the MCOs for any data related questions:

- Amerigroup:
 - agptnhealthlink@amerigroup.com
- BlueCare:
 - melissa_isbell@bcbst.com
- United:
 - bh_payment_reform@uhc.com

Contact TennCare for any Health Link program questions:

- Constance Payne
 - constance.payne@tn.gov
- Mary Shelton
 - mary.c.shelton@tn.gov