



STRATEGIC PLANNING & INNOVATION

Provider Stakeholder Group

October 31, 2018

Agenda

- Episodes of Care- Advanced Payment Model

- Episodes of Care- 2019 Changes

- Primary Care Transformation (PCT) - ADT Update

Episodes of Care designated an Advanced Alternative Payment Model (APM) by CMS

- Inclusion of the Episodes of Care model as an Other Payer Advanced APM allows more clinicians in Tennessee to participate in the “Advanced APM” track of Medicare’s Quality Payment Program (QPP).
- The Medicare QPP was established with the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), whereby CMS did away with the Sustainable Growth Rate formula.
- In the Advanced APM track of the QPP, providers may earn a 5 percent incentive for achieving certain thresholds of payments or patients through Advanced APMs. If a provider achieves these thresholds, she is also excluded from certain Medicare reporting requirements and payment adjustments.
- This designation for Episodes means Tennessee providers participating in Episodes of Care and Medicare are now better positioned to access the QPP’s Advanced APM incentive payments.

Memo: 2019 Episode Changes

- Based on the feedback received during the Episode Design Feedback Session on May 22, 2018, the state is making **31 changes** to the design of the first 27 Episodes of Care for calendar year 2019.
- These changes will first be reflected in reports released in August of 2019.
- **Link to full memo:**
<https://www.tn.gov/content/dam/tn/tenncare/documents2/Memo2019EpisodesChanges.pdf>

Changes to All Episodes

- Low volume exclusion
- Overlapping episode exclusion
- Pharmacy spend adjustment
- CPT code 99024 for follow-up care quality metric in bariatric surgery, CABG, and valve repair and replacement.

Acute Diabetes Exacerbation

- Included care delivered by non-physicians for follow-up care quality metric.
 - Proposed new-onset or newly diagnosed diabetes as a risk factor.
-

ADHD

- Removed “long-acting stimulants for members ages 4 and 5” gain sharing quality metric.
- Continue Level I Case Management clinical exclusion for ADHD in calendar year 2019.

Colonoscopy

- Removed Lisinopril and other heart medication from episode spend.
-

Otitis Media

- Removed tympanostomy insertion from episode spend.
- Proposed previous otitis media episodes as a risk factor.

Perinatal

- Added primary C-section rate as informational quality metric.
- Excluded episodes with delivery prior to 35 weeks from Group B strep screening quality metric definition.
- Added genetic testing utilization of fetal chromosomal aneuploidy analysis for patients 35 years and older as informational quality metric.
- Added MFM referral informational quality metric for patients with diabetes.
 - Also, testing numerous obstetric and maternal complications as risk factors.
- Excluded episodes with no prenatal care.

Perinatal – continued

- Proposed opioid use disorder as a risk factor.
- Added review of high perinatal inpatient facility spend to MCO's reconsideration process.
- Ensured MCOs have methods of excluding neonatal spend.
- Confirmed ability to use category II codes for coding HIV screening and GBS screening quality metrics.
- Ensured inclusion of emergency department visits and reinforced importance of patient education.
- Confirmed spend exclusion for in-utero procedures.
- Ensured that episode logic identifies and accounts for outliers in medical testing, diagnoses, and services.

Respiratory Infection

- Removed diabetes medications from episode spend.
 - Proposed Gram positive bacterial infection and Gram negative bacterial infection as risk factors.
 - Removed deviated septum surgery and nasal endoscopy from episode spend.
 - Confirmed that fair comparisons can be made if patients have other related conditions.
-

Skin and Soft Tissue Infection (SSTI)

- Excluded episodes with active cancer management (including chemotherapy).

Tonsillectomy

- Added clinical exclusions for compression of brain, micrognathia, innominate artery compression, and episodes triggered in emergency department.
 - Also, proposed additional risk factors for BMI pediatric greater than or equal to 95th percentile for age, obstructive sleep apnea, cerebral palsy, hemophilia, sickle cell, factor deficiencies, leukemia, cardiac comorbidity, pulmonary edema, bronchopulmonary dysplasia, congenital laryngomalacia, acute respiratory failure with hypoxia, hyperglycemia, epilepsy, and dependence on supplemental oxygen.

Urinary Tract Infection-Inpatient

- Removed Tamiflu from episode spend.

Urinary Tract Infection-Outpatient

- Removed Tamiflu from episode spend.

Care Coordination Tool- Admissions, Discharges, and Transfers (ADT) Update

As of 10/16/18, the following ADT statistics are accounted for in the Care Coordination Tool (CCT):

- 88% of hospitals statewide
- 88% of licensed hospital beds statewide
 - 20 health systems live
 - 130 hospitals live
 - Over 21,000 hospitals beds live
- The numbers above reflect the most recent addition of all Covenant facilities going live through a partnership with the East Tennessee Health Information Network.



THANK YOU