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HEALTH DATAPALOOZA
AcademyHealth

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Data Infrastructure to Support APMs

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International Challenge

All Health Systems

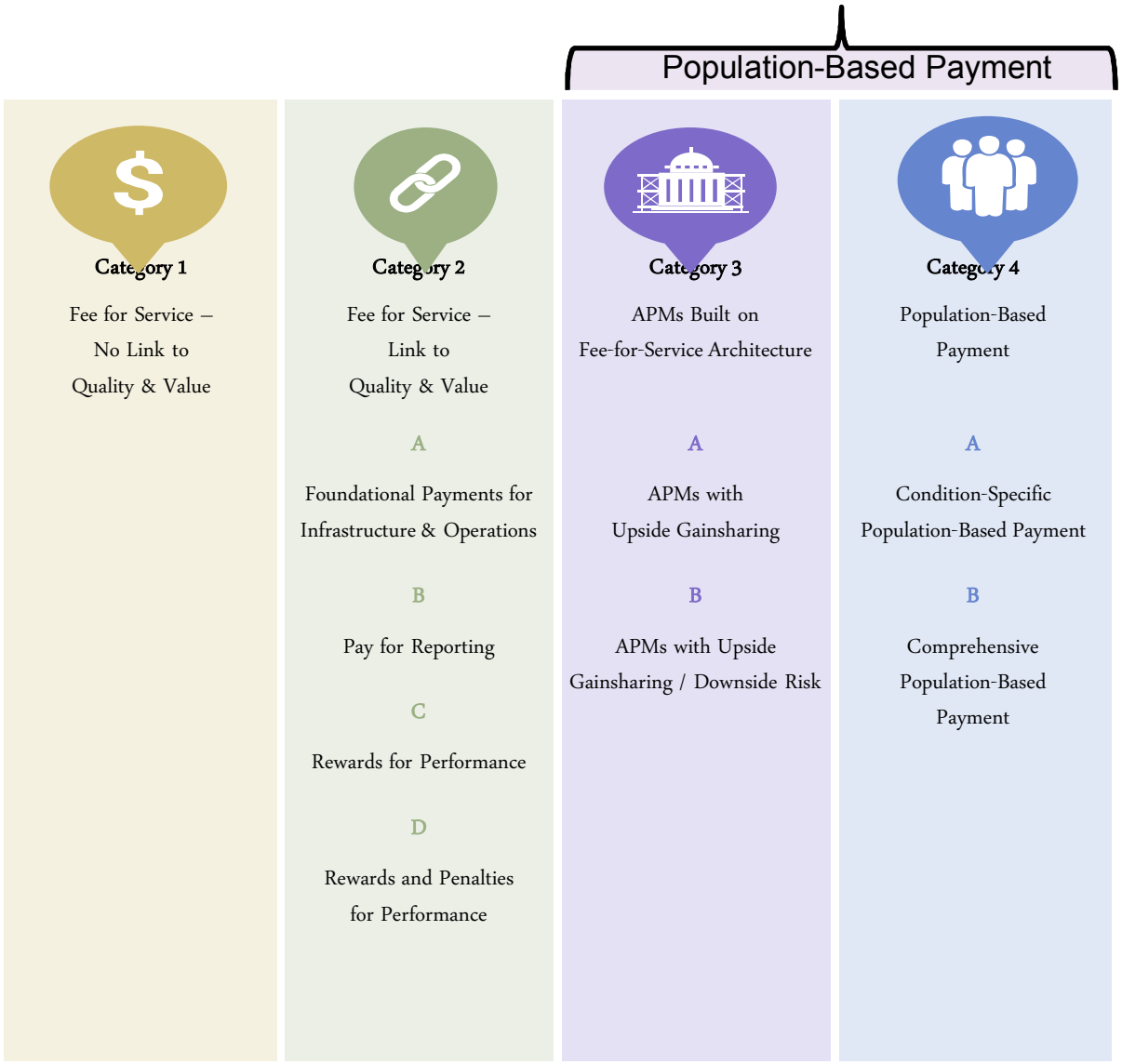
- Have Service Demand and Limited Resources
  - Taxes vs. Premiums vs. Co-Pays vs. Access Limitations
- Need Greater Stewardship
  - Providers, Payers, Patients
- Should Explore New Incentives to Shape Delivery
  - Reward Outcomes, Effectiveness

APM Framework

At a Glance

The framework is a critical first step toward the goal of better care, smarter spending, and healthier people.

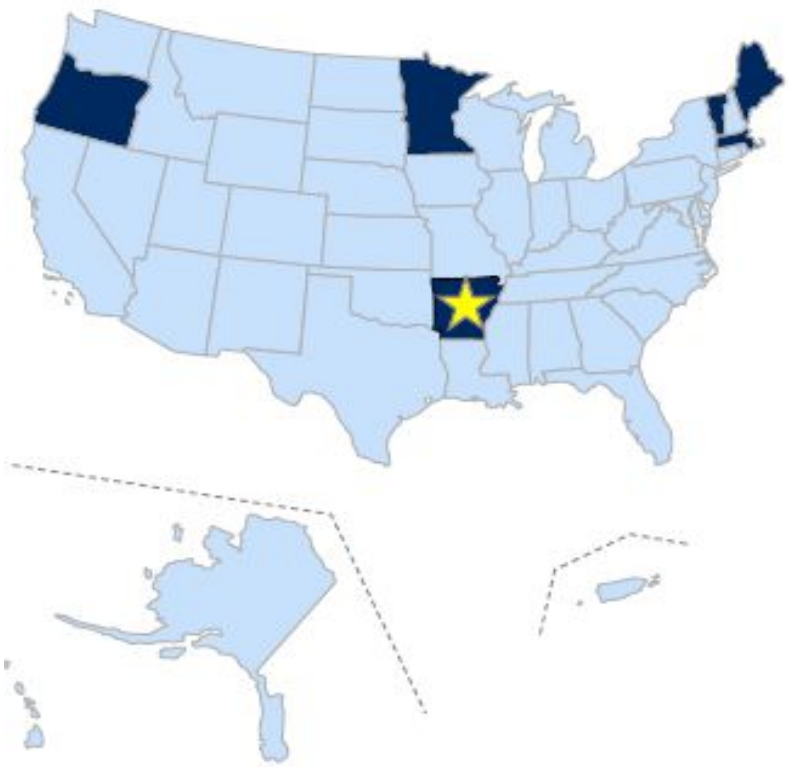
- The framework is a critical first step toward the goal of better care, smarter spending, and healthier people.
- Serves as the foundation for generating evidence about what works and lessons learned
- Provides a road map for payment reform capable of supporting the delivery of person-centered care
- Acts as a "gauge" for measuring progress toward adoption of alternative payment models
- Establishes a common nomenclature and a set of conventions that will facilitate discussions within and across stakeholder communities



The framework situates existing and potential APMs into a series of categories.

SIM Awardee

Arkansas is one of six states CMS awarded model-testing grant



- The **CMS State Innovation Models** (SIM) Initiative is providing funding to the State of Arkansas
  - **$42 million** to implement and test the initiatives over the next 42 months
  - **Funding covers** episode-based care delivery, patient-centered medical homes, and health homes
- The State sees this grant as an **indication of CMS' engagement** with the initiative and belief that it could be a model more broadly applied in the country

APII: Payers recognize the value of working together to improve our system, with close involvement from other stakeholders…

Coordinated multi-payer leadership…

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Creates **consistent incentives** and standardized reporting rules and tools

QualChoice® HEALTH INSURANCE

Enables **change in practice** patterns as program applies to many patients

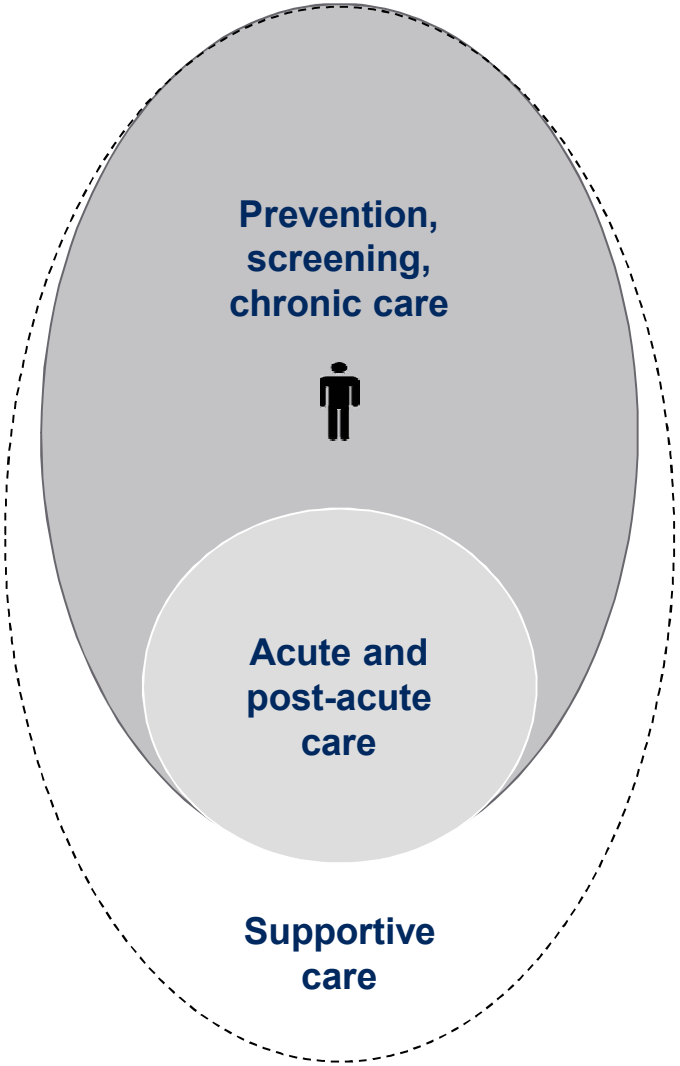
Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

Generates enough scale to justify investments in **new infrastructure** and operational models

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

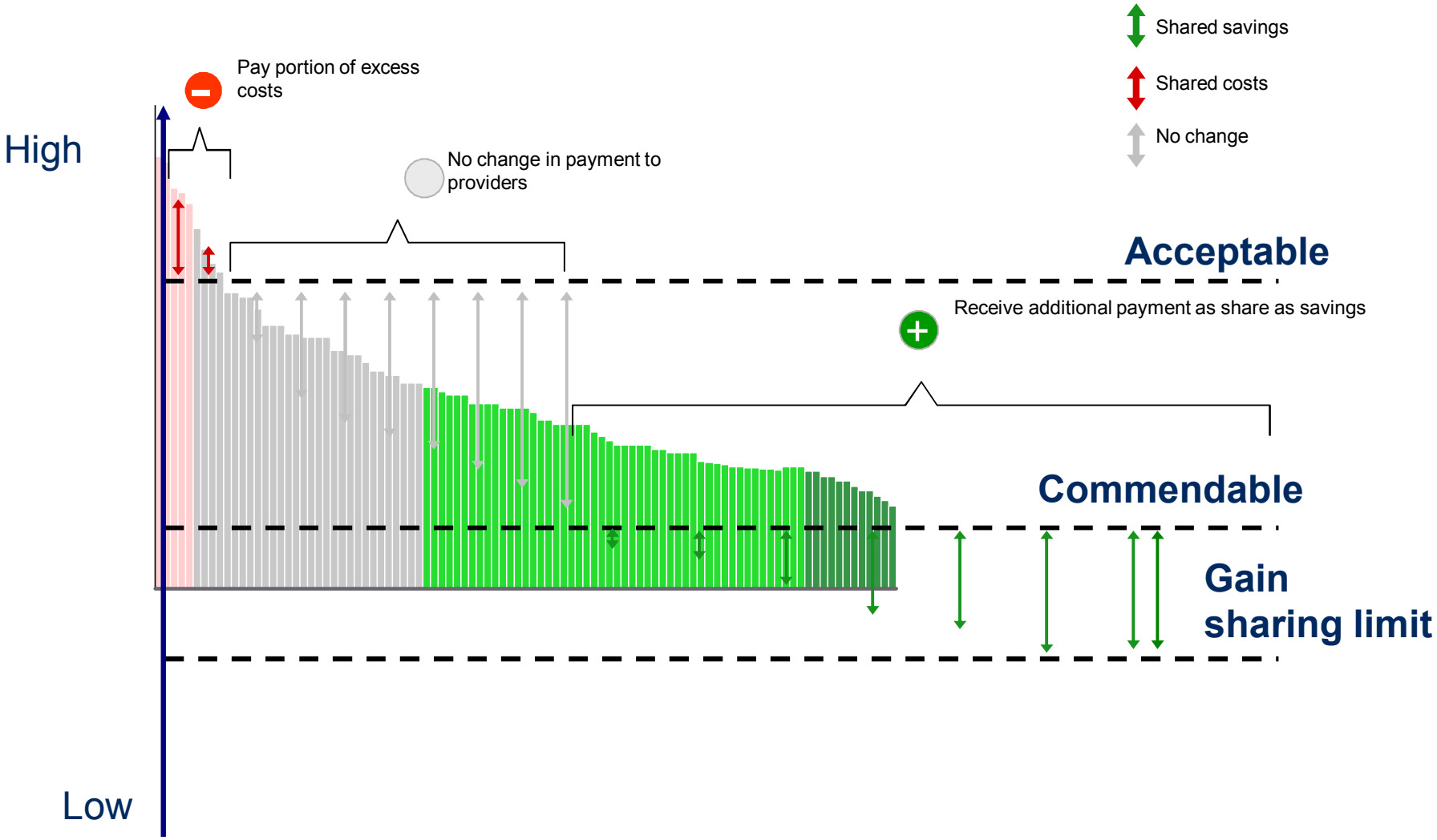
Helps **motivate patients** to play a larger role in their health and health care

APII: The populations that we serve require care falling into three domains



Patient populations within scope (examples)	Care/payment models
• Healthy, at-risk • Chronic, e.g., – CHF – COPD – Diabetes	**Population-based**: medical homes responsible for care coordination, rewarded for quality, utilization, and savings against total cost of care
• Acute medical, e.g., – AMI – CHF – Pneumonia • Acute procedural, e.g., – CABG – Hip replacement	**Episode-based**: retrospective risk sharing with one or more providers, rewarded for quality and savings relative to benchmark cost per episode
• Developmental disabilities • Long-term care • Severe and persistent mental illness	**Combination of population- and episode-based models**: health homes responsible for care coordination; episode-based payment for supportive care services

EOC: PAPs that meet quality standards and have average costs below the commendable threshold will share in savings up to a limit



Individual providers, in order from highest to lowest average cost

PCMH: Providers can receive support to invest in improvements, as well as incentives to improve quality and cost of care

Practice support

Invest in primary care to improve quality and cost of care for all beneficiaries through:

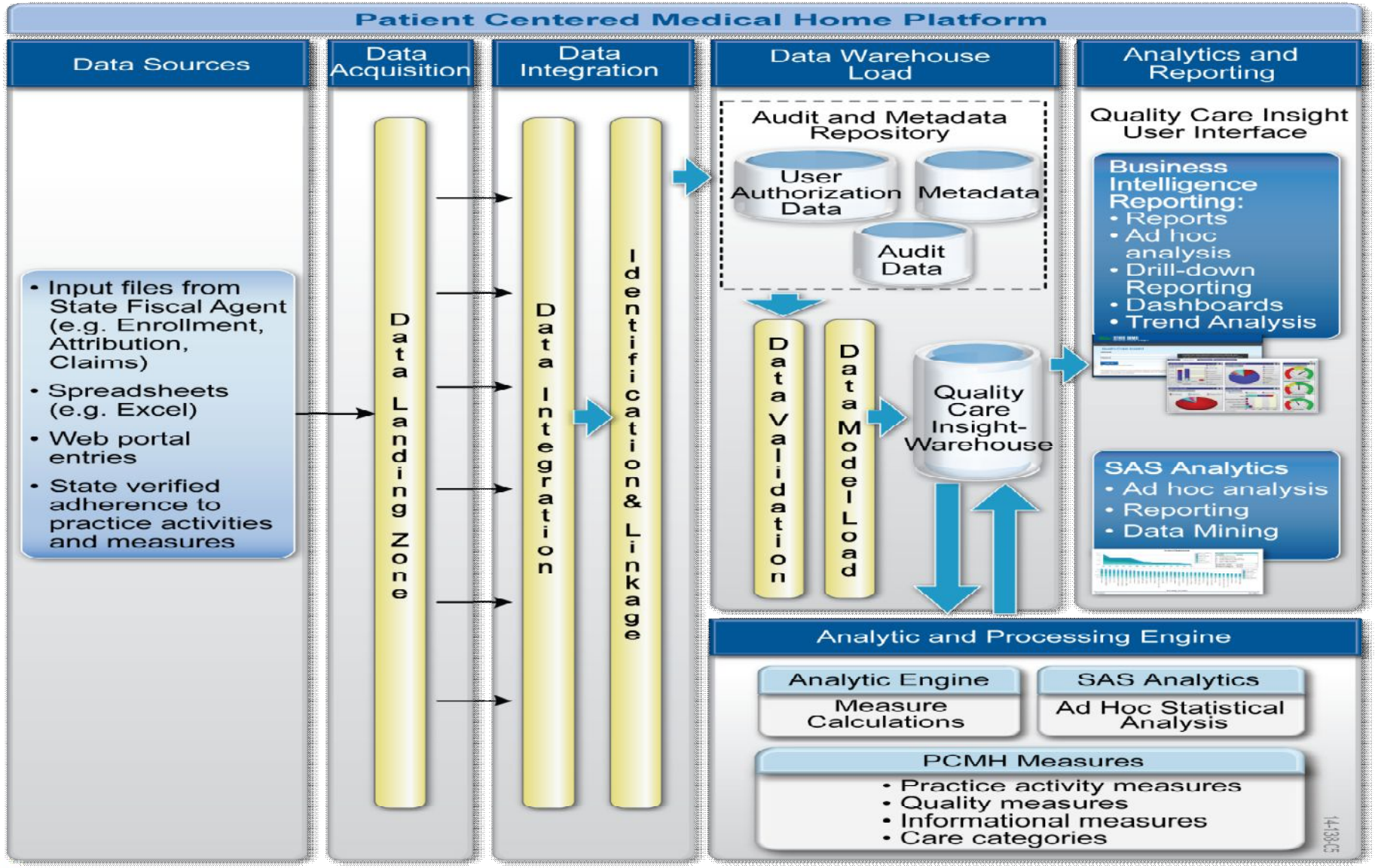
- Care coordination
- Practice transformation

Shared savings

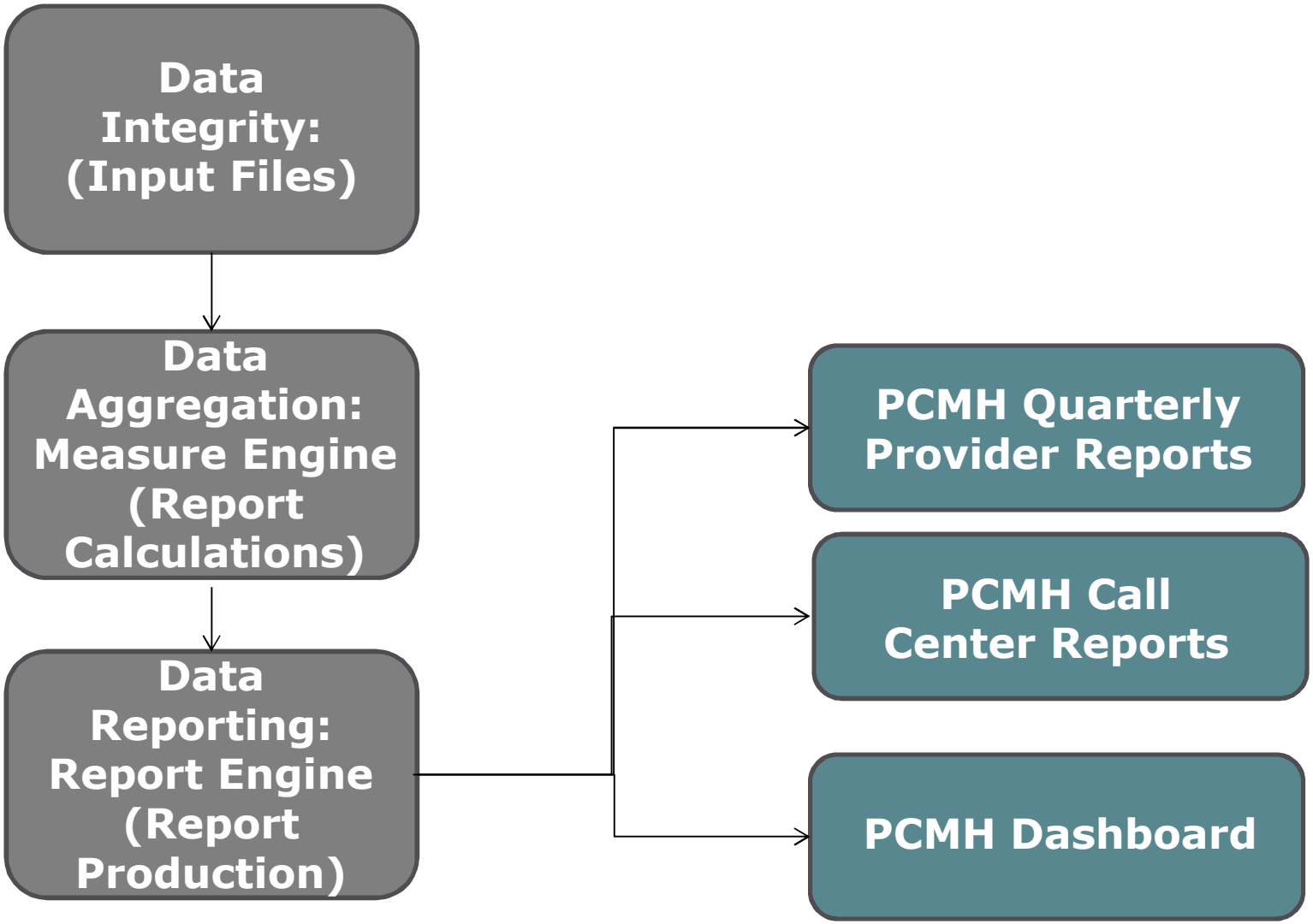
Reward high quality care and cost efficiency by:

- Focusing on improving quality of care
- Incentivizing practices to effectively manage growth in costs

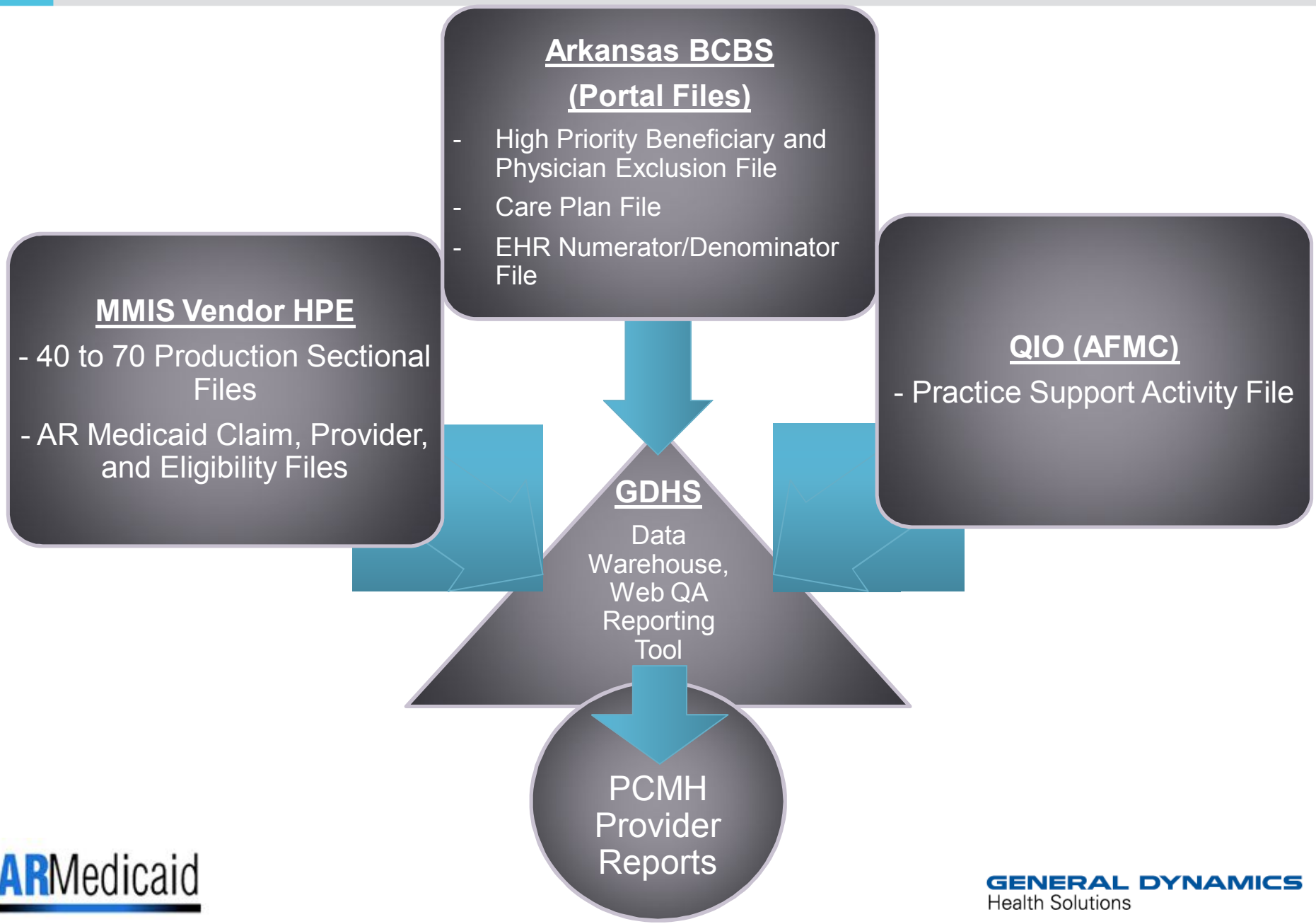
PCMH: Infrastructure



Data Integrity, Aggregation & Reporting: Operationalize State Plan – Data Input to Provider Outputs



Data Integrity: Multi-Vendors



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Data Aggregation: PCMH Quality Metrics

Quality Metric Title	Enrollment Period			
% of a practice's high priority beneficiaries who have been seen by any PCP within their PCMH at least twice in the past 12 months	2014	2015	2016	2017
% of beneficiaries who turned 15 months old during the performance period who receive at least five wellness visits in their first 15 months (0 – 15 months)	2014	2015	2016	2017
% of beneficiaries 3-6 years of age who had one or more well-child visits during the measurement year	2014	2015	2016	2017
% of beneficiaries 12-20 years of age who had one or more well-care visits during the measurement year	2014	2015	2016	2017
% of beneficiaries 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed an asthma controller medication for at least 50% of their treatment period	2014	2015	2016	2017
% of beneficiaries 6-12 years of age with an ambulatory prescription dispensed for ADHD medication that was prescribed by their PCMH, who had a follow-up visit within 30 days by any practitioner with prescribing authority	2014	2015	2016	2017
% of beneficiary, age 1 year and older, events with a diagnosis of non-specified URI that had antibiotic treatment during the measurement period	N/A	N/A	2016	2017
% of diabetes beneficiaries who complete annual HbA1C, between 18-75 years of age	2014	2015	2016	2017
% of diabetic beneficiaries between 40-75 years of age who are on statin medication	N/A	2015	2016	2017
% of beneficiaries age 18 years and older who were prescribed chronic Alprazolam (Xanax) during the measurement period	N/A	N/A	2016	2017
% of beneficiaries at least 18 years of age as of the beginning of the measurement period with diabetes mellitus who had at least two prescriptions for a single oral diabetes agent or at least two prescriptions for multiple agents within a diabetes drug class and who have a Proportion of Days Covered (PDC) of at least 0.8 for at least one diabetes drug class during the measurement period (12 consecutive months)	N/A	N/A	N/A	2017
% of diabetic beneficiaries 18-75 years of age who had an eye exam (retinal) performed	N/A	N/A	N/A	2017
% of beneficiaries 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent (angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) or diuretics) during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year	N/A	N/A	N/A	2017
% of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period (All payer source)	N/A	N/A	2016	2017
% of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (All payer source)	N/A	N/A	2016	2017
% of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of height, weight, and body mass index (BMI) percentile documentation during the measurement period (All payer source)	N/A	N/A	2016	2017
% of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user during the measurement period (All payer source)	N/A	N/A	N/A	2017

Data Reporting: The Provider Portal

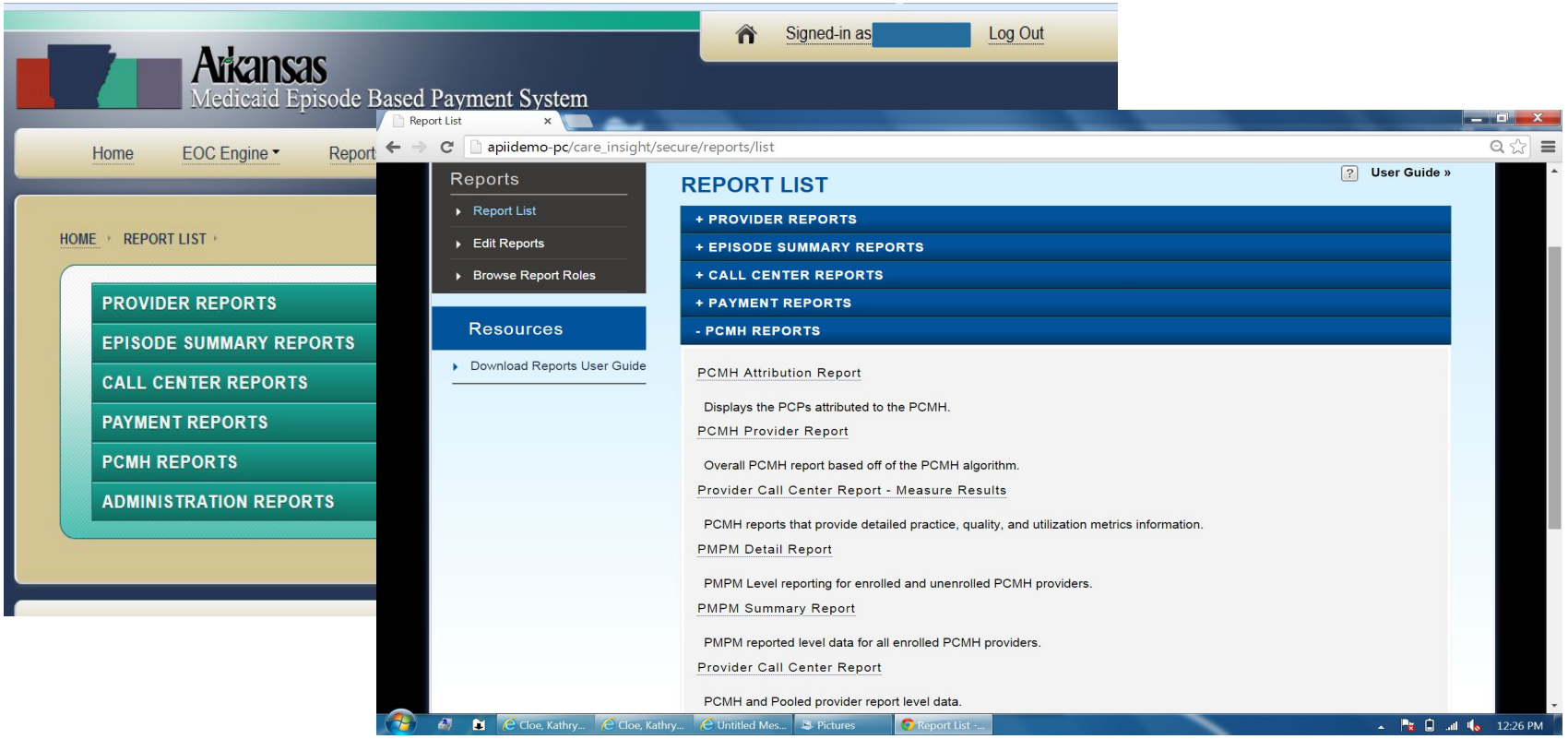
The provider portal is a multi-payer tool that allows providers to enter results for activities and certain quality metrics and access their APII reports

- Accessible to all PCMHs
  - Login with existing username/ password
  - New users follow enrollment process detailed online
- Key components of the portal are to provide a way for providers to
  - Enter additional practice support activities and select EHR-based metrics (BMI, Blood Pressure, Diabetes Poor Control with potential for other metrics in the future)
  - Access current and past performance reports for all payers where designated the PCMH

Data Reporting: DMS and Support Staff

Reporting

Arkansas DMS and support staff use an application tool to view provider reports and episode level statistical reports. The tool is designed to meet and exceed Arkansas DMS staff and their vendor's informational needs in order to assist them in their interaction with the Arkansas Medicaid Provider community.



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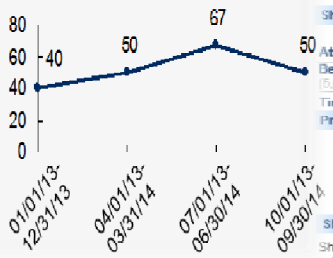
Data Reporting: PCMH Quarterly Provider Reports

Practice support historical report

Services paid through 12/31/14 for claims from 10/01/13 to 09/30/14

Legend: Meeting qualifying level; Processing data; Your rolling 12 month performance; Not meeting qualifying level; Not enough beneficiaries to be evaluated

Practice support metrics

Metric	Definition	You (10/01/13-09/30/14)	Rolling 12 month performance
% of high priority beneficiaries that have a care plan in medical record 2014 Qual. level: ≥70% 2015 Qual. level: ≥80%	# with a care plan / # high-priority beneficiaries	500 / 600 = 83%	Percentage shown is a snapshot of the number of care plans attested to on the portal as of Q4 2014.
% of high priority beneficiaries seen by PCP at least twice in past 12 months 2014 Qual. level: ≥67% 2015 Qual. level: ≥75%	# seen by PCP at least 2x in past 12 months / # high-priority beneficiaries	300 / 600 = 50%	

Shared savings historical report

Services paid through 12/31/2016 for claims from 10/01/2015 to 09/30/2016

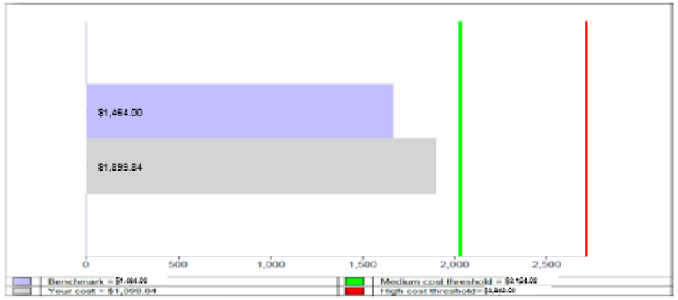
Legend: Meeting metric qualifications; Processing data; Your rolling 12 month performance; Not meeting metric qualifications; Not enough beneficiaries to be evaluated

Cost performance summary

Data is PCMH-level. Participating practices in a shared savings entity will receive an entity-level report as well.

Thresholds, benchmarks, and cost

2016 experience



2017 targets

Shared savings entity report historical overview

Services paid through 12/31/2016 for claims from 10/01/2015 – 09/30/2016

To be evaluated after 2017 performance period

Practice support activities status based on provider portal entries as of 12/31/2016

Shared savings entity overview

	Shared savings entity
Attributed point in time beneficiaries, 12/01/2016	6,000
Beneficiaries attributed to you for at least 6 months, 10/01/2015 – 09/30/2016 (5,000 required during performance period for shared savings eligibility)	5,200
Time Adjusted Member Attribution, 12/01/2016	XXX

Practice support report

1 of 2 PCMHs are up to date on their practice support activities

Shared savings historical report (pages 3-5)

Shared savings are calculated based on risk adjusted average cost per beneficiary

Your 10/01/2015 – 09/30/2016 average total cost of care (for informational purposes only)
$1,899.84

- 5,200 were attributed beneficiaries for at least 6 months
  At least 5,000 required for performance period (see above)
- Meeting 6 out of 12 evaluated quality metrics
  At least two-thirds required for performance period (p. 3-5)
- Historical risk-adjusted per beneficiary per year cost is below your 2017 medium threshold (p. 3)

AND/OR

- Historical risk-adjusted per beneficiary per year cost is above your 2017 trended benchmark (p. 3)

Risk Cohort Breakdown

- Risk cohorts are used to provide comparison to practices with similar risk scores and only include enrolled practices
- Entities will be compared to averages of the practices in each cohort
- Your entity risk score used to estimate Shared Savings

Risk Cohort	I	II	III	IV	V	VI
Range of risk scores	0 0.4	0.4 0.8	0.8 1.2	1.2 1.6	1.6 2	> 2
Practices	30	131	278	149	85	139
Your entity risk score			1.123			

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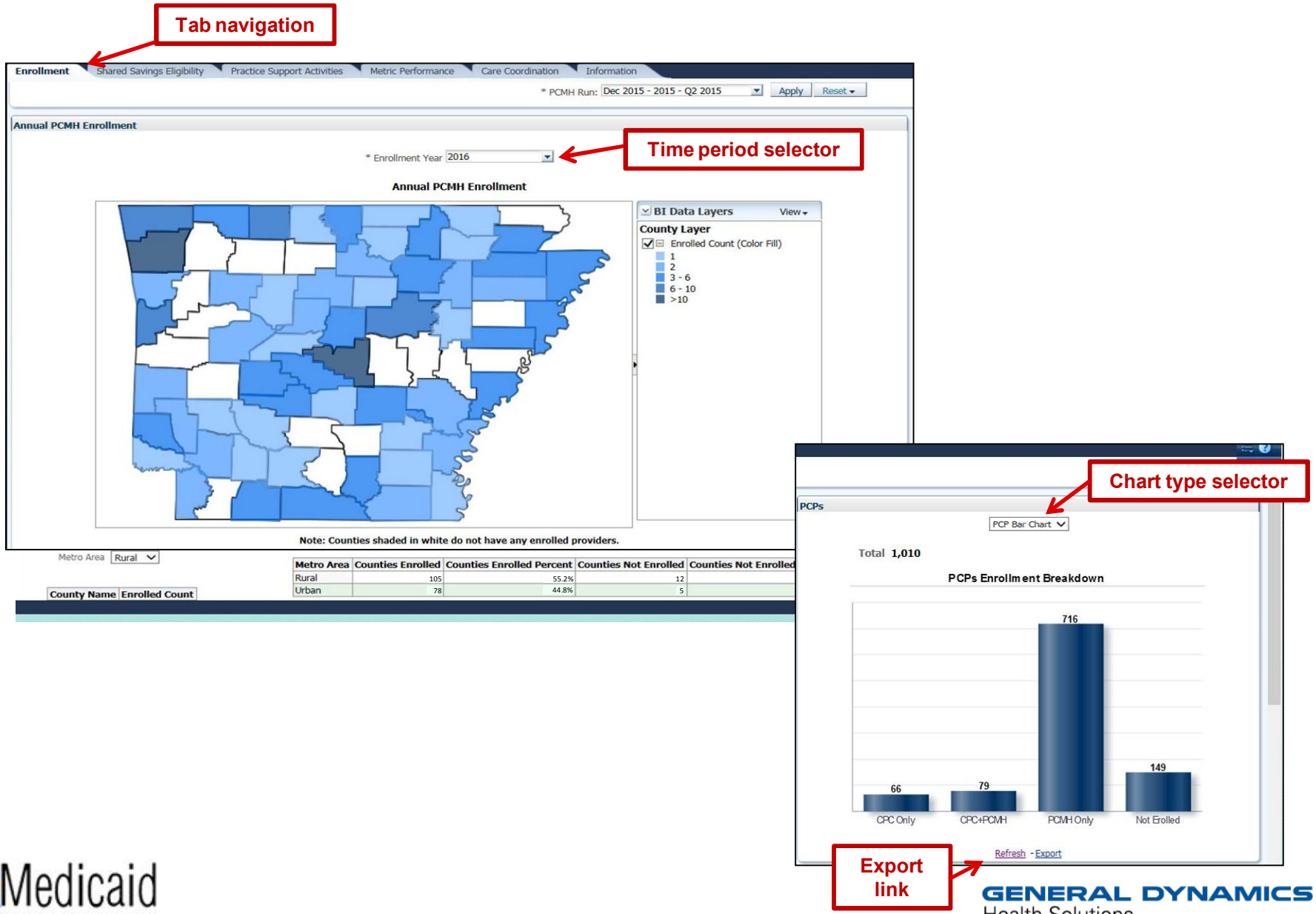
Data Reporting: PCMH Dynamic Dashboard

Enrollment



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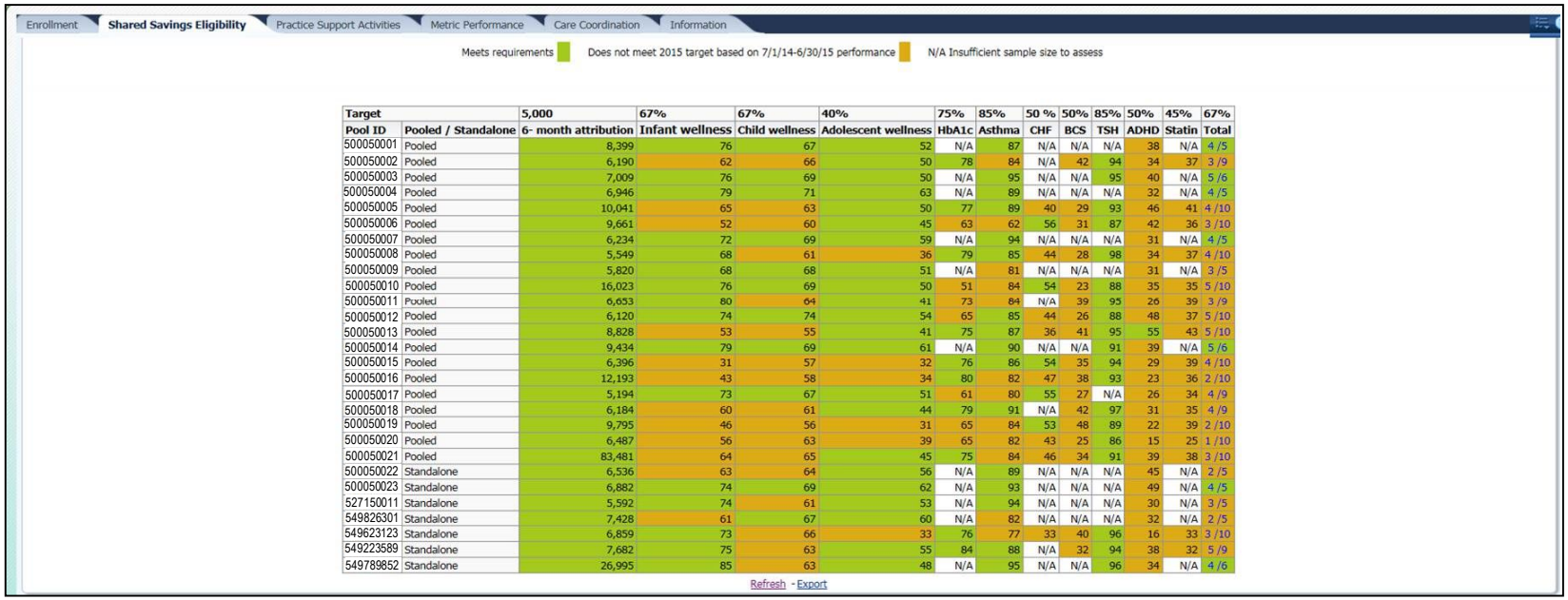
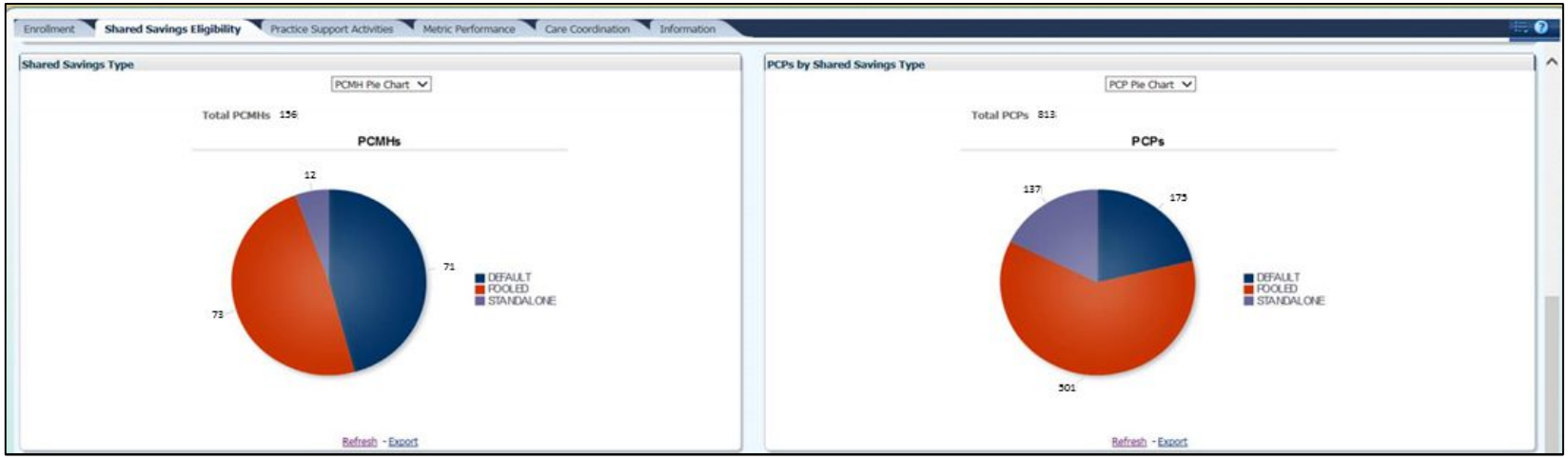
Data Reporting: PCMH Dynamic Dashboard

Shared Savings Eligibility



Target		5,000	67%	67%	40%	75%	85%	50 %	50%	85%	50%	45%	67%
Pool ID	Pooled / Standalone	6- month attribution	Infant wellness	Child wellness	Adolescent wellness	HbA1c	Asthma	CHF	BCS	TSH	ADHD	Statin	Total
500050001	Pooled	8,399	76	67	52	N/A	87	N/A	N/A	N/A	38	N/A	4 /5
500050002	Pooled	6,190	62	66	50	78	84	N/A	42	94	34	37	3 /9
500050003	Pooled	7,009	76	69	50	N/A	95	N/A	N/A	95	40	N/A	5 /6
500050004	Pooled	6,946	79	71	63	N/A	89	N/A	N/A	N/A	32	N/A	4 /5
500050005	Pooled	10,041	65	63	50	77	89	40	29	93	46	41	4 /10
500050006	Pooled	9,661	52	60	45	63	62	56	31	87	42	36	3 /10
500050007	Pooled	6,234	72	69	59	N/A	94	N/A	N/A	N/A	31	N/A	4 /5
500050008	Pooled	5,549	68	61	36	79	85	44	28	98	34	37	4 /10
500050009	Pooled	5,820	68	68	51	N/A	81	N/A	N/A	N/A	31	N/A	3 /5
500050010	Pooled	16,023	76	69	50	51	84	54	23	88	35	35	5 /10
500050011	Pooled	6,653	80	64	41	73	84	N/A	39	95	26	39	3 /9
500050012	Pooled	6,120	74	74	54	65	85	44	26	88	48	37	5 /10
500050013	Pooled	8,828	53	55	41	75	87	36	41	95	55	43	5 /10
500050014	Pooled	9,434	79	69	61	N/A	90	N/A	N/A	91	39	N/A	5 /6
500050015	Pooled	6,396	31	57	32	76	86	54	35	94	29	39	4 /10
500050016	Pooled	12,193	43	58	34	80	82	47	38	93	23	36	2 /10
500050017	Pooled	5,194	73	67	51	61	80	55	27	N/A	26	34	4 /9
500050018	Pooled	6,184	60	61	44	79	91	N/A	42	97	31	35	4 /9
500050019	Pooled	9,795	46	56	31	65	84	53	48	89	22	39	2 /10
500050020	Pooled	6,487	56	63	39	65	82	43	25	86	15	25	1 /10
500050021	Pooled	83,481	64	65	45	75	84	46	34	91	39	38	3 /10
500050022	Standalone	6,536	63	64	56	N/A	89	N/A	N/A	N/A	45	N/A	2 /5
500050023	Standalone	6,882	74	69	62	N/A	93	N/A	N/A	N/A	49	N/A	4 /5
527150011	Standalone	5,592	74	61	53	N/A	94	N/A	N/A	N/A	30	N/A	3 /5
549826301	Standalone	7,428	61	67	60	N/A	82	N/A	N/A	N/A	32	N/A	2 /5
549623123	Standalone	6,859	73	66	33	76	77	33	40	96	16	33	3 /10
549223589	Standalone	7,682	75	63	55	84	88	N/A	32	94	38	32	5 /9
549789852	Standalone	26,995	85	63	48	N/A	95	N/A	N/A	96	34	N/A	4 /6

Refresh - Export



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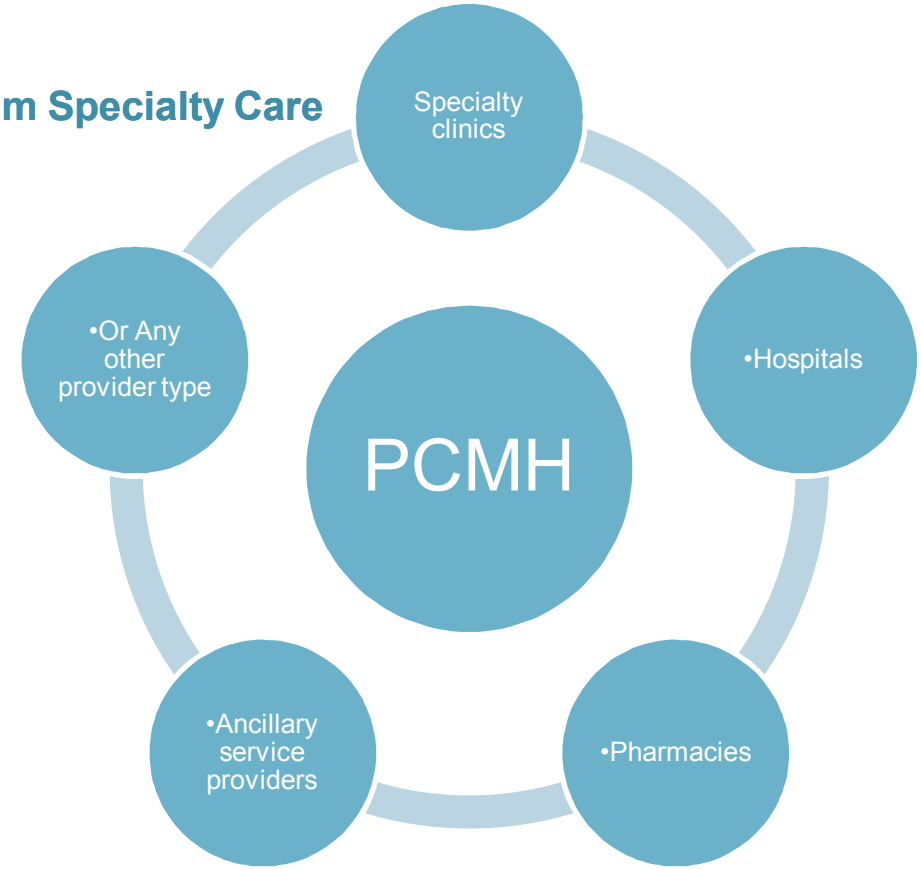
Data Reporting: Medical Neighborhood Performance Report

-The foundation of the implied collaborative care agreement which outlines mutual expectations for primary care physicians, specialists and facilities as they care for patients together.
-These expectations include: pre-consultation exchange, the consultation and subsequent co-management of patients over time.

The Neighbors:
Integrators of Downstream Specialty Care



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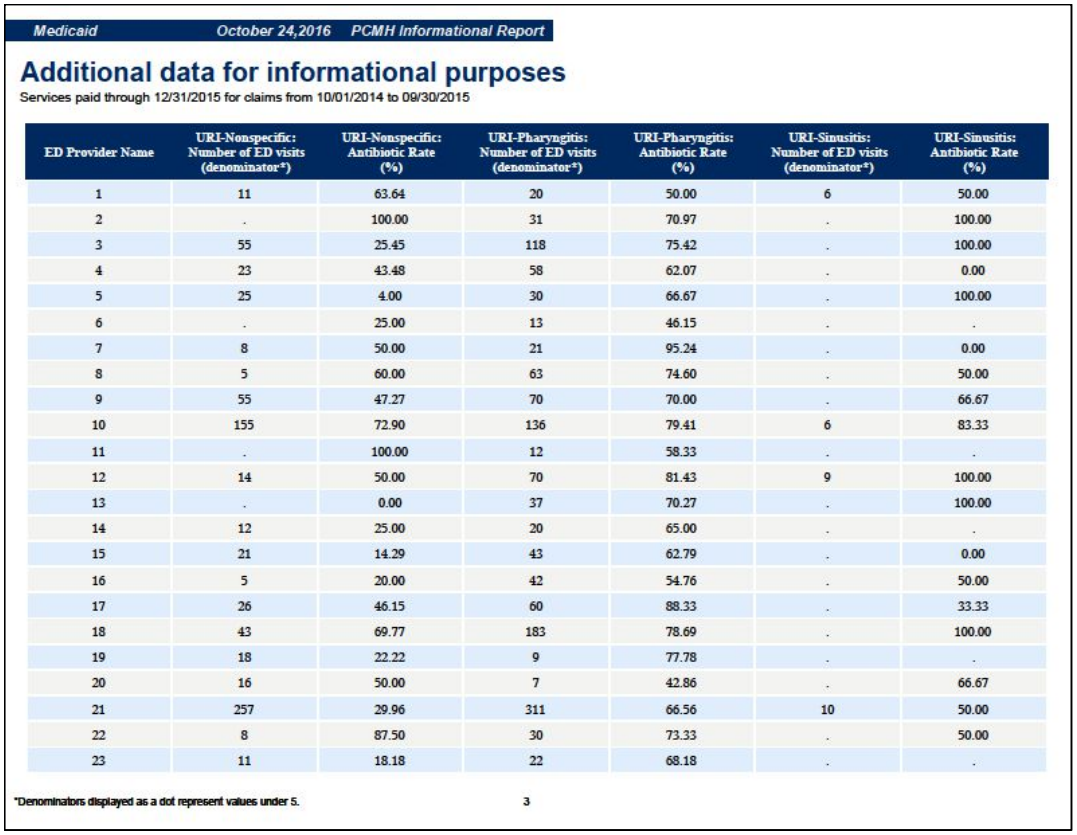
Data Reporting: Medical Neighborhood Performance Report (Cont.)

Medical Neighborhood Performance Report
URI Antibiotics in the ED

URI – Nonspecific
URI – Pharyngitis
URI – Sinusitis



Medicaid *October 24,2016* *PCMH Informational Report*

Additional data for informational purposes

Services paid through 12/31/2015 for claims from 10/01/2014 to 09/30/2015

ED Provider Name	URI-Nonspecific: Number of ED visits (denominator*)	URI-Nonspecific: Antibiotic Rate (%)	URI-Pharyngitis: Number of ED visits (denominator*)	URI-Pharyngitis: Antibiotic Rate (%)	URI-Sinusitis: Number of ED visits (denominator*)	URI-Sinusitis: Antibiotic Rate (%)
1	11	63.64	20	50.00	6	50.00
2	.	100.00	31	70.97	.	100.00
3	55	25.45	118	75.42	.	100.00
4	23	43.48	58	62.07	.	0.00
5	25	4.00	30	66.67	.	100.00
6	.	25.00	13	46.15	.	.
7	8	50.00	21	95.24	.	0.00
8	5	60.00	63	74.60	.	50.00
9	55	47.27	70	70.00	.	66.67
10	155	72.90	136	79.41	6	83.33
11	.	100.00	12	58.33	.	.
12	14	50.00	70	81.43	9	100.00
13	.	0.00	37	70.27	.	100.00
14	12	25.00	20	65.00	.	.
15	21	14.29	43	62.79	.	0.00
16	5	20.00	42	54.76	.	50.00
17	26	46.15	60	88.33	.	33.33
18	43	69.77	183	78.69	.	100.00
19	18	22.22	9	77.78	.	.
20	16	50.00	7	42.86	.	66.67
21	257	29.96	311	66.56	10	50.00
22	8	87.50	30	73.33	.	50.00
23	11	18.18	22	68.18	.	.

*Denominators displayed as a dot represent values under 5.

3

APII: Medicaid Progress to Date (PCMH)

Since the initial release of the PCMH program in 2013:

- ✓ **13** quarterly PCMH runs have been completed
- ✓ **2** shared savings payment runs and **1** shared savings reconciliation run has been completed
- ✓ The PCMH program has had the following enrollment:
  - **123** PCMHs with **659** PCPs (2014 configuration)
  - **142** PCMHs with **795** PCPs (2015 configuration)
  - **182** PCMHs with **883** PCPs (2016 configuration)
  - **192** PCMHs with **915** PCPs (2017 configuration)
- ✓ The PCMH Engine has processed over **1** billion claims.
- ✓ The Reporting Engine has generated **4,445** reports, **2,768** Individual and **1,677** Shared Savings
- ✓ The PCMH program has calculated **16** quality and practice support metrics, **8** informational metrics and received portal data on **3** meaningful use metrics

PCMH: First Year Implementation Final (2014)

Exceeding enrollment projections by

70%

enrolling

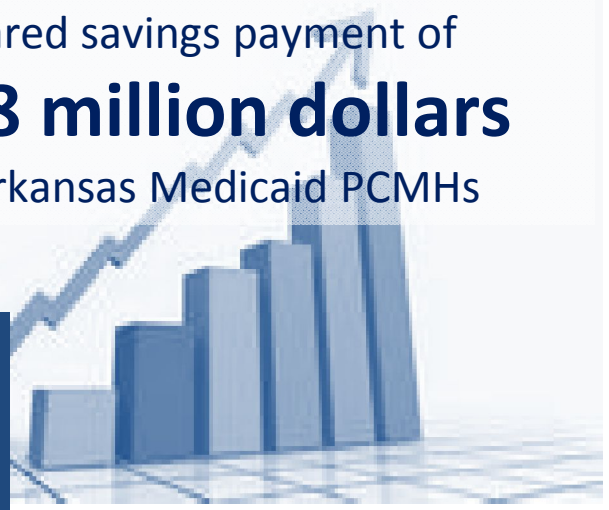
295,000

Medicaid beneficiaries, and covering more than 30% of population < 18

Shared savings payment of

$8.8 million dollars

to Arkansas Medicaid PCMHs



100%

of enrolled beneficiaries with 24-7 phone access to their primary care practice doctors

Avoiding

$35.6 million dollars

in direct Medicaid costs,

as compared to the benchmark trend

89%

of quality measures **improved or maintained** for Medicaid enrolled practices

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Questions

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