# 2017 Humana Physician Quality Rewards Program

Medicare Advantage



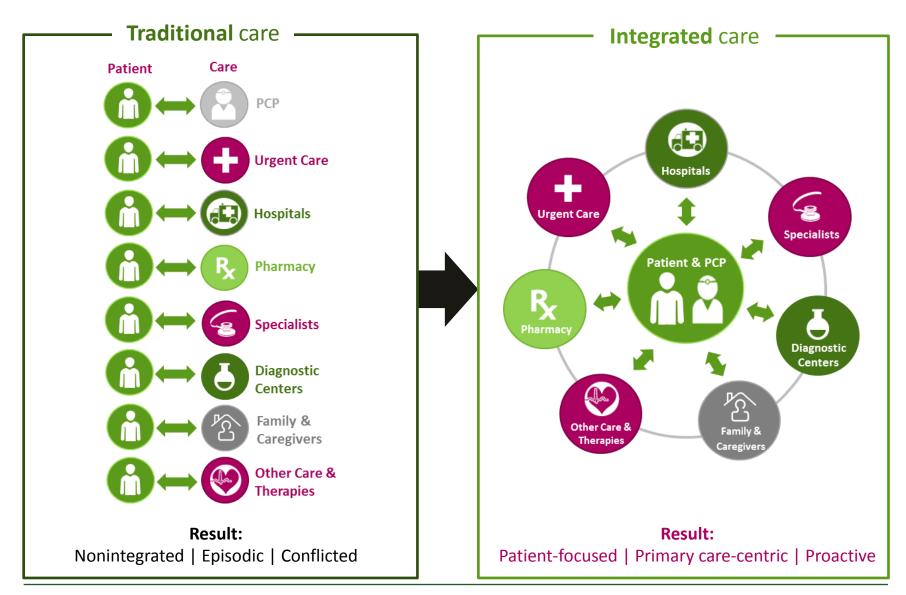






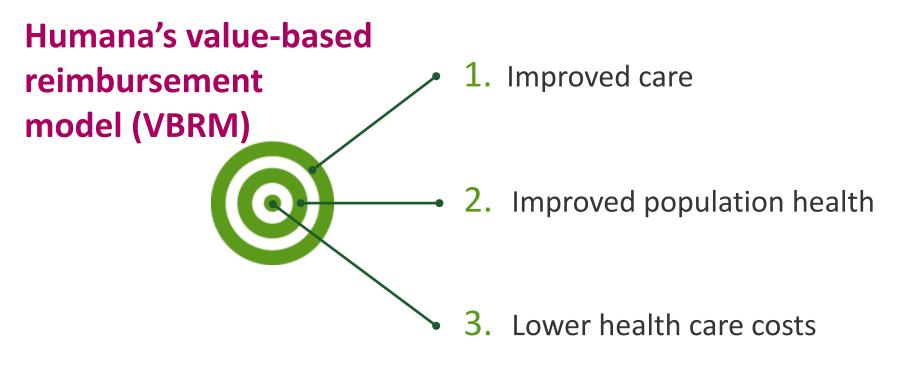
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#### Health care is moving from traditional care to integrated care



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# Focused on the triple aim



**30** Nearly 30 years of diverse, value-based relationship expertise

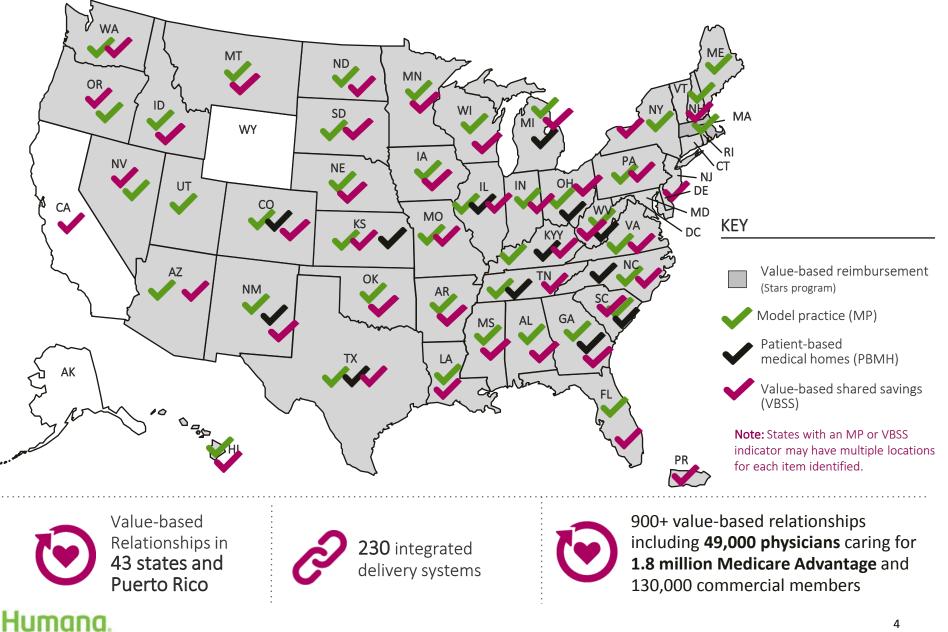
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Primarycarecentric \$

Capabilities that enable high-performing value-based agreements

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## More than 900 value-based-care relationships



## Humana's Provider Quality Rewards Program

## \$93.6 million

Distributed to physician groups across the United States who participated in the various Humana 2015 value-based programs

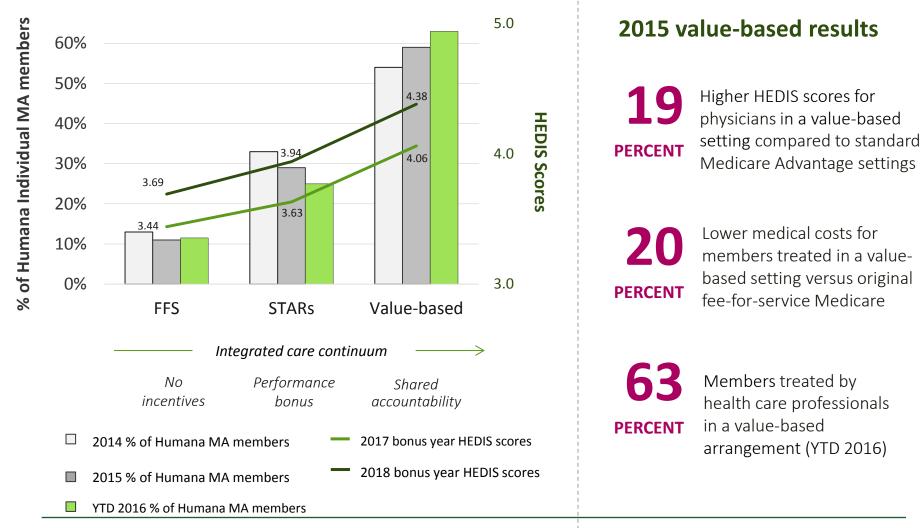
## Quality measures

Humana's payments to physician groups were partly based on each group's ability to improve quality for measures including, but not limited to, the following:

- ✓ Breast cancer screening
- ✓ Colorectal cancer screening
- Diabetes testing for nephropathy
- ✓ Diabetes HbA1c control
- Avoidance of highrisk medications

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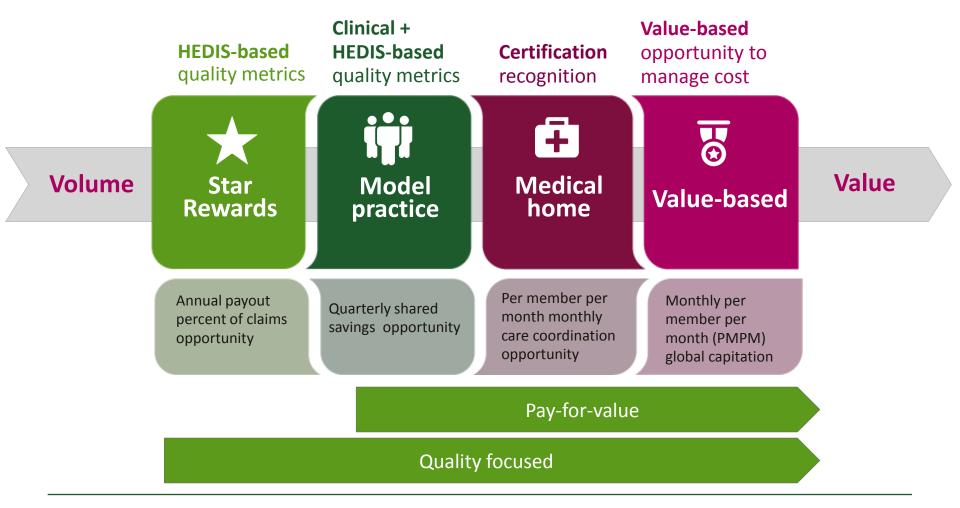
Humana Medicare Advantage members treated in a value-based setting experience better outcomes and lower costs than those in traditional fee-forservice models.



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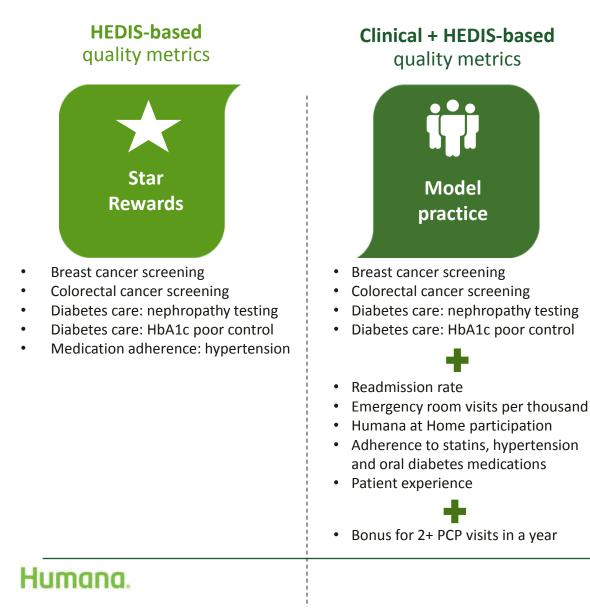
## Humana's value-based-care continuum

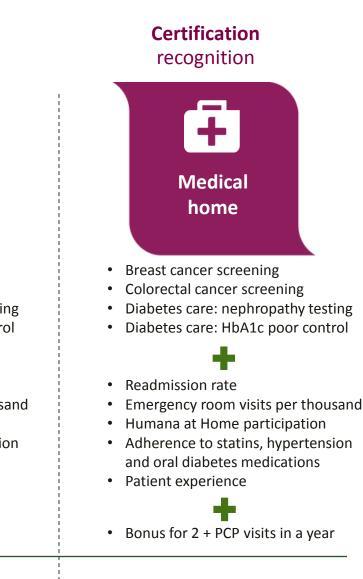
From pay for production to pay for value





## Humana's value-based-care continuum





Note: Includes care coordination payments

### Star rewards program



## **Quality-only reward**

- This program is available to Humana-participating primary care physicians (PCPs).
- Humana-covered patients are attributed/assigned to a physician's practice for Medicare Advantage (MA) preferred provider organization (PPO), MA health maintenance organization fee-for-service (HMO-FFS) and MA private fee-for-service (PFFS).
- Practice goal to meet is four of five National Committee for Quality Assurance (NCQA) HEDIS<sup>®</sup> and Pharmacy Quality Alliance (PQA) measures at the Centers for Medicare and Medicaid Services' (CMS) five-star level.
- Rewards are paid annually, subject to participation and being in good standing at the time of settlement.
- Rewards are calculated at the tax identification number (TIN) level.
- Measures may be adjusted based on CMS priorities.



### Star rewards program



## **Quality-only reward**

**HEDIS and PQA measures** 

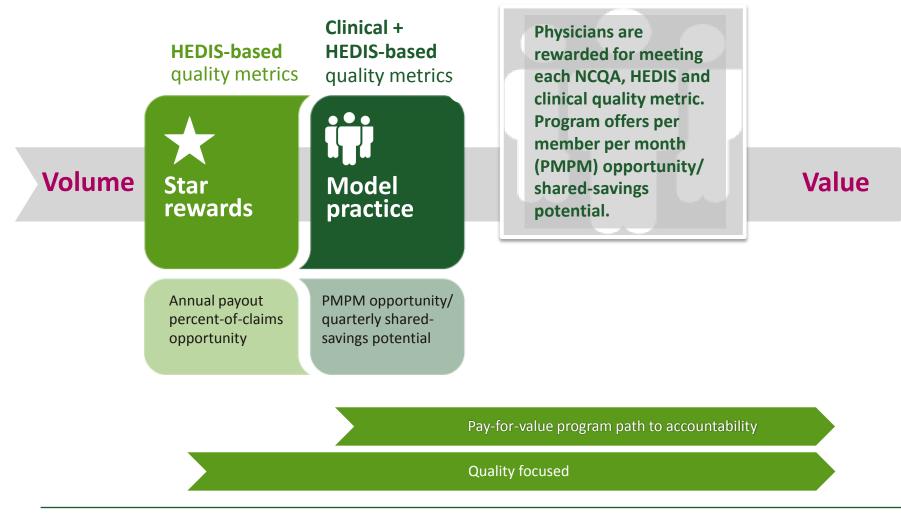
- 1. Breast cancer screening
- 2. Colorectal screening
- 3. Comprehensive diabetes care nephropathy screening
- 4. Comprehensive diabetes care HbA1c control
- 5. Medication adherence hypertension

Rewards are calculated as the aggregate of all physicians' performance within the practice.

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## Humana's value-based-care continuum

From pay for production to pay for value



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## Model practice program



#### Path-to-accountability rewards

- Requires a contract amendment.
- Allows Humana physicians with more than 250 Humana-covered patients to participate.
- Includes Humana-covered patients attributed/assigned to a physician's practice for MA PPO, MA HMO-FFS and MA PFFS.
- Calculates and pays rewards at an aggregate level, including all tax identification numbers in the contract.
- Includes HEDIS measures, just like the Star rewards program, but also includes additional clinical measures recommended by Humana's quality organization.
- Pays for each individual model practice measure target achieved, unlike Star rewards.



## Model practice program

Model practice

#### **HEDIS** measures and clinical and strategic initiatives

Rewards payment for each measure met at CMS five-star level

#### **HEDIS** measures

- 1. Breast cancer screening
- 2. Colorectal screening
- 3. Comprehensive diabetes care nephropathy screening
- 4. Comprehensive diabetes care HbA1c control

Clinical and strategic initiatives

- 1. 30-day readmission rate
- 2. Emergency room utilization per 1,000 members
- 3. Medication adherence
- 4. Use of Humana at Home chronic care programs
- 5. Patient experience rating



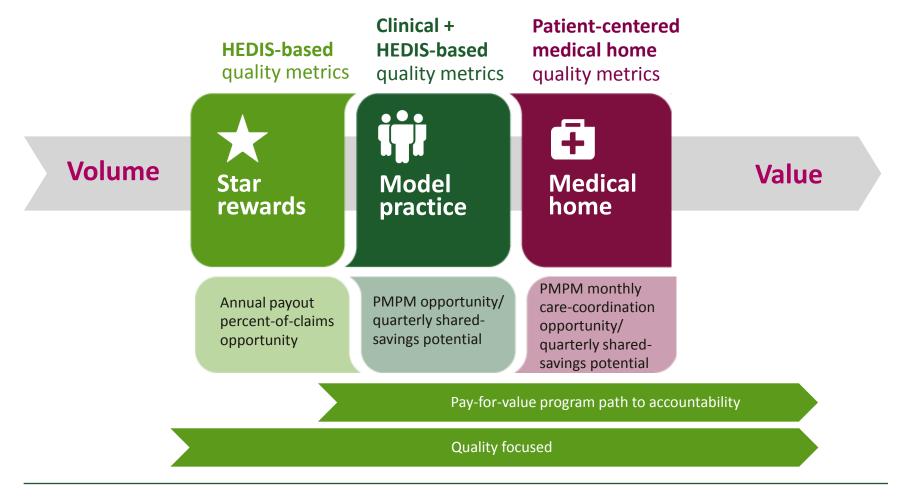
Annual bonus: Two or more PCP visits in a calendar year



## Humana's value-based-care continuum

#### From pay for production to pay for value

Physicians must meet HEDIS and clinical quality metrics. Payments are based on care-coordination opportunities, varying upon the level of patient-centered medical home recognition.



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## Medical home

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Medical
home

- Requires a contract amendment.
- Allows Humana physicians with more than 250 Humana-covered patients to participate.
- Includes Humana-covered patients attributed/assigned to a physician's practice for MA PPO, MA HMO-FFS and MA PFFS.
- Targets higher-functioning practices:
  - Infrastructure is well-defined with evidence of team functioning and access to care.
  - Health information technology is utilized, such as electronic health record (EHR) and electronic prescribing (eRx) systems.
- Follows the same measures as model practice.
- Offers monthly care coordination payment that helps cover physician cost of medical home recognition and care management and planning.
- Requires meeting measure target goals on the same basis as the model practice program to be eligible for the care coordination payment.

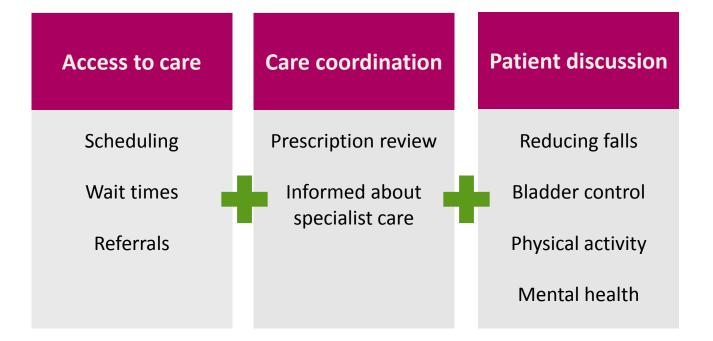


## Humana patient experience rating

- Member surveys are made by outbound voice-automated technology (VAT) calls similar to the CMS Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Health Outcomes Survey (HOS) patient experience programs.
- The measure is based on the categories of access to care, coordination of care and patient discussion, with an aggregated target of 80 percent.
- We attempt to contact all Humana members within 30 days of a PCP visit.

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## Humana patient experience rating





# 2017 model practice and medical home program changes

- Removed the CMS patient safety/PQA metric for avoidance of highrisk medications in the elderly.
  - This metric was moved to a CMS Star ratings program display measure in 2016.
- For model practice, increased the per member per month (PMPM) reward potential for meeting the readmission rate target.
- Added nurse practitioner and physicians assistant visits to the PCP visit bonus calculation.
- Updated targets for HEDIS metrics, emergency room visits per 1,000 members and the Humana at Home Chronic Care Program participation.



## Questions?







# Appendix Measure definitions







## Medical home and model practice measures

HEDIS measures	2016 target	2017 target
Breast cancer screening	<u>≥</u> 80%	<u>≥</u> 76%
Colorectal cancer screening	<u>&gt;</u> 78%	<u>≥</u> 81%
Diabetes: HbA1c control	<u>&gt;</u> 84%	<u>≥</u> 84%
Diabetes: Nephropathy screening	<u>&gt;</u> 97%	<u>&gt; 98%</u>
High-risk medications (moved to display measure in 2016)	<u>&lt; 6%</u>	



## Medical home and model practice measures

Clinical and strategic initiatives	2016 target	2017 target
30-day readmission rate	<u>≤</u> 10%	<u>≤</u> 10%
Emergency room visits per thousand rate	Based on historical performance	Based on historical performance
Medication adherence (diabetes, statins and renin-angiotensin system[RAS] antagonist medications)	<u>≥</u> 80%	<u>≥</u> 80%
Use of Humana's Chronic Care Program	<u>&gt;</u> 80%	<u>&gt;</u> 82%
Patient experience	<u>&gt;</u> 80%	<u>&gt;</u> 80%
Annual bonus for two or more PCP visits per calendar year	<u>&gt;</u> 70%	<u>≥</u> 75%

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## **HEDIS** measure definitions

Measure	Definition	Five-star target
Breast cancer screening	Physician must ensure each female patient 50 to 74 years old has had a mammogram to screen for breast cancer during the measurement year or in the 15 months prior.	≥ 76%
Colorectal cancer screening	<ul> <li>Physician must ensure each patient 50 to 75 years old receives a colorectal cancer screening test. Appropriate screenings are defined as any one of the following:</li> <li>1) Annual fecal occult blood test during the measurement year</li> <li>2) Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year</li> <li>3) Colonoscopy during the measurement year or the nine years prior to the measurement year</li> </ul>	≥ 81%
Comprehensive diabetes care — Kidney disease monitoring	Physician must ensure each patient with diabetes (Type 1 and Type 2) 18-75 years old has a kidney function test during the year.	≥ 98%

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## **HEDIS** measure definitions

Measure	Definition	Five- star target
Comprehensive diabetes care — HbA1c poor control	Physician must ensure each patient with diabetes (Type 1 or 2) who is 18 to 75 years old has an HbA1c level no greater than nine. Humana will use the most recent HbA1c result for measure compliance determination.	≥ 84%
Medication adherence for hypertension (RAS antagonists)	Physician must ensure each patient 18 years and older adheres to his/her prescribed drug therapy for renin angiotensin system (RAS) antagonists: angiotensin- converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB) or direct renin inhibitor (DRI) medications.	≥ 83%

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## Clinical and strategic initiatives definitions

Measure	Definition	Target
30-day readmission rate (all causes)	Physician must ensure that the 30-day readmission rate is equal to or below target. A 30-day readmission is defined as an acute inpatient admission occurring within 30 days of the discharge date of a previous acute inpatient admission. The only exception is a same-day transfer. <u>Readmission rate</u> = (number of readmissions) / (number of admissions) Includes inpatient admissions to any facility exclusive of psychiatry/maternity/special needs facility and rehabilitation visits	≤ 10%
Use of Humana's Chronic Care Program	Physician must ensure that each patient that is eligible to participate in Humana at Home Chronic Care Program (HCCP) is enrolled. <u>Rate</u> = (total number of members participating in HCCP) / (total number of members eligible to for HCCP)	≥ 82%

## Clinical and strategic initiatives definitions

Measure	Definition	Target
Medication adherence	<ul> <li>Physician must ensure that each eligible patient is prescribed a 90-day supply prescription, as appropriate, for cholesterol (e.g., statins), diabetes (e.g., noninsulin anti-diabetics) and/or hypertension management (e.g., ACE inhibitors, ARBs, DRIs and beta blockers).</li> <li>The metric will be calculated as follows:</li> <li>Number of qualifying 90-day prescriptions filled/ total number of qualifying prescriptions filled</li> <li>(The most recent prescription claim available for the member will be used to qualify for the measure. It will also determine whether a prescription was written in a 90-day supply increment or 30-day supply increment for purposes of this measure.)</li> </ul>	≥ 80%



## Clinical and strategic initiative definitions

Measure	Definition	Target
ER utilization per 1,000 members	Physicians must ensure their emergency room (ER) utilization per 1,000 members is less than the target identified through historical claims data. The emergency room utilization ratio is based on the total number ER visits not resulting in an inpatient admission or an observation stay per 1,000 Humana-assigned/attributed members. The ratio is calculated quarterly as follows: (ER visits in quarter x 1,000) x (# of days in the year/average days in the month for the measurement quarter) Total # of members assigned/attributed	Contract target

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## Clinical and strategic initiative definitions

Measure Def	efinition	Target
Patient experience rating on that mo que the was disc	The second secon	≥ 80%

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