

UCare 2010 Pay for Performance Program Measures and Anticipated Payment Rates

	<u>Minnesota Health Care Program (MHCP) Population Measures</u>	Anticipated Payment Rates*	Eligibility Requirements and Additional Information All measures except for blood lead screening require 11-month continuous enrollment and enrollment in December of the measurement year.
1.	Complete Child and Teen Check-Ups (C&TC)	\$50 (full payment) or \$25 (half payment) per member screened and up-to-date.	<ul style="list-style-type: none"> ▪ Children 0-20 years of age who are due for services according to the Minnesota C&TC periodicity schedule (EPSDT): http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3379-ENG and who meet the continuous enrollment criteria. ▪ Member must be up-to-date on C&TCs by December 31 of the measurement year. Providers will receive one payment for providing all necessary services. One- and two-year-olds require multiple visits per year. Providers are eligible for one payment per member per year for up-to-date members. The number of necessary visits will be based on the child's age on December 31 of the measurement year. Please see technical specifications for more information.
2.	Chlamydia Screening	\$25 (full payment) or \$12.50 (half payment) per member screened.	<ul style="list-style-type: none"> ▪ Female members 16- 24 years of age who are sexually active as identified through pharmacy and claims data.
3.	Cervical Cancer Screening	\$25 (full payment) or \$12.50 (half payment) per member screened	<ul style="list-style-type: none"> ▪ Female members 24-64 years of age.
4.	Breast Cancer Screening	\$75 (full payment) or \$37.50 (half payment) per member screened.	<ul style="list-style-type: none"> ▪ Female members 50-69 years of age.
5.	Colorectal Cancer Screening	\$75 (full payment) or \$37.50 (half payment) per member screened.	<ul style="list-style-type: none"> ▪ Members 50-75 years of age.
6.	Diabetes Care Retinal eye exam performed.	\$50 (full payment) or \$25 (half payment) per member screened.	<ul style="list-style-type: none"> ▪ Members 18-75 years of age with diabetes (type 1 or 2) as identified through pharmacy and claims data.
7.	Diabetes Care Reduction in percentage of most recent HbA1c in poor control (>9%).	\$100 per member per year.	<ul style="list-style-type: none"> ▪ Members 18 -75 years of age with diabetes (type 1 or 2) as identified through claims data.

UCare 2010 Pay for Performance Program Measures and Anticipated Payment Rates

	<u>Minnesota Health Care Program (MHCP) Population Measures</u>	Anticipated Payment Rates*	Eligibility Requirements and Additional Information All measures except for blood lead screening require 11-month continuous enrollment and enrollment in December of the measurement year.
8.	Diabetes Care <ul style="list-style-type: none"> ▪ Submission of “In Control” Results (need all five): <ul style="list-style-type: none"> - LDL-C level in control (<100mg/dL) - HbA1c screen in good control (<8%) - Blood pressure reading in control (<130/80 mm Hg) - Aspirin therapy (must be documented) - Smoking cessation (must be documented) ▪ Submission of Results (need all five) <ul style="list-style-type: none"> - LDL-C levels - HbA1c screens - Blood pressure readings - Aspirin therapy (must be documented) - Smoking cessation (must be documented) 	<ul style="list-style-type: none"> ▪ \$150 per member “in control” for LDL-C, HbA1c and blood pressure reading with documented aspirin therapy and smoking cessation counseling. ▪ \$25 per member with all five results submitted. 	Eligible for one payment only: “In control” or “submission of results.” In Control: \$150 per member (Members 18-75 years of age with diabetes [type 1 or 2] as identified through pharmacy claims) with submitted LDL-C level in control, HbA1c screen in good control, blood pressure reading in control and documented aspirin therapy and smoking cessation. <ul style="list-style-type: none"> ▪ Must submit most recent results of all three (LDL-C, HbA1c, blood pressure). ▪ Must indicate documented aspirin therapy and smoking cessation discussion between member and provider during the measurement year. ▪ Limit one “in control” submission payment per member per year. Submission of Results: \$25 per member (members 18-75 years of age with diabetes [type 1 or 2] as identified through pharmacy claims) with submitted LDL-C levels, HbA1c, blood pressure readings and documented aspirin therapy and smoking cessation. <ul style="list-style-type: none"> ▪ Must submit most recent results of all three (LDL-C, HbA1c, blood pressure). ▪ Must indicate documented aspirin therapy and smoking cessation discussion between member and provider during the measurement year. ▪ Limit one submission payment per member per year.
9.	Blood Lead Screening in Children	\$100 (full payment) or \$50 (half payment) per member screened <u>if UCare achieves the 2010 DHS lead withhold goal.</u>	<ul style="list-style-type: none"> ▪ Children ages 9-30 months of age. ▪ Two screenings recommended: <ul style="list-style-type: none"> ○ One at age 12 months. ○ One at age 24 months. ▪ No continuous enrollment criteria.

Please see page 4 for payment methodology.

UCare 2010 Pay for Performance Program Measures and Anticipated Payment Rates

	<u>Medicare Advantage, MSHO, and MSC Plus Population Measures</u>	Anticipated Payment Rates*	Eligibility Requirements and Additional Information All measures except for blood lead screening require 11-month continuous enrollment and enrollment in December of the measurement year.
1.	Breast Cancer Screening	\$75 (full payment) or \$37.50 (half payment) per member screened.	<ul style="list-style-type: none"> ▪ Female members 50-69 years of age.
2.	Colorectal Cancer Screening	\$75 (full payment) or \$37.50 (half payment) per member screened.	<ul style="list-style-type: none"> ▪ Members 50-75 years of age.
3.	Diabetes Care Retinal eye exam performed.	\$50 (full payment) or \$25 (half payment) per member screened.	<ul style="list-style-type: none"> ▪ Members 18-75 years of age with diabetes (type 1 or 2) as identified through pharmacy and claims data.
4.	Diabetes Care <ul style="list-style-type: none"> ▪ Submission of “In Control” Results (need all five): <ul style="list-style-type: none"> - LDL-C level in control (<100mg/dL) - HbA1c screen in good control (<8%) - Blood pressure reading in control (<130/80 mm Hg) - Aspirin therapy (must be documented) - Smoking cessation (must be documented) ▪ Submission of Results (need all five) <ul style="list-style-type: none"> - LDL-C levels - HbA1c screens - Blood pressure readings - Aspirin therapy (must be documented) - Smoking cessation (must be documented) 	<ul style="list-style-type: none"> ▪ \$150 per member “in control” for LDL-C, HbA1c and blood pressure reading with documented aspirin therapy and smoking cessation counseling. ▪ \$25 per member with all five results submitted. 	<p>Eligible for one payment only: “In control” or “submission of results.”</p> <p>In Control: \$150 per member (Members 18-75 years of age with diabetes [type 1 or 2] as identified through pharmacy claims) with submitted LDL-C level in control, HbA1c screen in good control, blood pressure reading in control and documented aspirin therapy and smoking cessation.</p> <ul style="list-style-type: none"> ▪ Must submit most recent results of all three (LDL-C, HbA1c, blood pressure). ▪ Must indicate documented aspirin therapy and smoking cessation discussion between member and provider during the measurement year. ▪ Limit one “in control” submission payment per member per year. <p>Submission of Results: \$25 per member (members 18-75 years of age with diabetes [type 1 or 2] as identified through pharmacy claims) with submitted LDL-C levels, HbA1c, blood pressure readings and documented aspirin therapy and smoking cessation.</p> <ul style="list-style-type: none"> ▪ Must submit most recent results of all three (LDL-C, HbA1c, blood pressure). ▪ Must indicate documented aspirin therapy and smoking cessation discussion between member and provider during the measurement year. ▪ Limit one submission payment per member per year.

UCare 2010 Pay for Performance Program Measures and Anticipated Payment Rates

	<u>Medicare Advantage, MSHO, and MSC Plus Population Measures</u>	Anticipated Payment Rates*	Eligibility Requirements and Additional Information All measures except for blood lead screening require 11-month continuous enrollment and enrollment in December of the measurement year.
5.	Diabetes Care Reduction in percentage of most recent HbA1c in poor control (>9%)	\$100 per member per year.	<ul style="list-style-type: none"> ▪ Members 18-75 years of age with diabetes (type 1 or 2) as identified through pharmacy and claims data.
6.	Cardiovascular Disease <ul style="list-style-type: none"> ▪ Submission of “In Control” Results (need all four) <ul style="list-style-type: none"> - LDL-C level in control (<100mg/dL) - Blood pressure reading in control (<130/80 mm Hg) - Aspirin therapy (must be documented) - Smoking cessation (must be documented) 	<ul style="list-style-type: none"> ▪ \$100 per member “in control” with documented aspirin therapy and smoking cessation counseling. 	\$100 per member with submitted LDL-C level in control and blood pressure reading in control. <ul style="list-style-type: none"> ▪ Must submit most recent results of both LDL-C and blood pressure. ▪ Must indicate documented aspirin therapy and smoking cessation discussion between member and provider during the measurement year. ▪ Limit one “in control” submission payment per member per year.

***Payment rates:** Payments will be made for each member up-to-date or provided service as specified below. If the care system performance is above the network 60th percentile for that measure, the system will receive full payment for all members up-to-date or provided service for that measure. If the care system performance achieves the minimum required improvement from the previous year, but is not above the network 60th percentile, the system will received half payment for all members up-to-date or provided service for that measure. Actual payment rates may vary from the anticipated payment rates subject to health plan financial results.

The minimum required improvement for half payment will be calculated as follows: The care system must improve by 10% of the difference between their rate from the previous year and the network 60th percentile rate from the previous year (in absolute percentage points).

For example (rates are invented for this illustration):

System A’s MCHP breast cancer screening rate in 2009: 57%

Network 60th percentile MCHP breast cancer screening rate in 2009: 70%

Difference between the network 60th percentile rate and System A’s rate: 70% - 57% = 13%

10% of the difference: 13% x 0.1 = 1.3%

System A’s Improvement goal for 2010: 57% + 1.3% (in absolute percentage points) = 58.3%