

UCare 2011 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.
Measures based on administrative claims data:			
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 52-69* years of age (with two-year look-back period).
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.	Blood Lead Screening in Children	\$100 (full payment) or \$50 (half payment) per member screened if UCare achieves the 2011 DHS lead withhold goal.	<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.

*Indicates new or updated measure or information.

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Measures based on lab submission data:			
8.	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.
9.	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 (<140/90 mm Hg)* - Daily Aspirin Use (for members with co-morbidity of Ischemic Vascular Disease)* - Non-tobacco user status (must be documented)* ▪ Submission of Results (need all five): <ul style="list-style-type: none"> - LDL-C levels - HbA1c screens - Blood pressure readings - Daily Aspirin Use (members with co-morbidity of Ischemic Vascular Disease)* - Non-tobacco user status (must be documented)* 	<ul style="list-style-type: none"> ▪ \$150 per member “in control” for LDL-C, HbA1c and blood pressure reading with documented daily aspirin use (if IVD co-morbidity) and non-tobacco user status.* ▪ \$25 per member with LDL-C, HbA1c and blood pressure results submitted, documented daily aspirin use (if IVD co-morbidity), and non-tobacco user status.* 	<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, HbA1c, and blood pressure readings in control.</p> <ul style="list-style-type: none"> ▪ Must submit most recent results of all three (LDL-C, HbA1c, blood pressure). ▪ Must indicate documented current non-tobacco user status.* ▪ Must indicate documented daily aspirin or accepted contraindication (for members with co-morbidity of Ischemic Vascular Disease).* ▪ 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, HbA1c, and blood pressure readings.</p> <ul style="list-style-type: none"> ▪ Must submit most recent results of all three (LDL-C, HbA1c, blood pressure). ▪ Must indicate documented current non-tobacco user status during measurement year.* ▪ Must indicate documented daily aspirin or accepted contraindication (for members with co-morbidity of Ischemic Vascular Disease) during measurement year.* ▪ Limit one submission payment per member per year.

Please see page 5 for payment methodology.

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UCare 2011 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.
Measures based on administrative claims data:			
1.	Breast Cancer Screening	\$125 (full payment) or \$62.50 (half payment) per MSHO member screened.*	<ul style="list-style-type: none"> ▪ Female members 52-69* years of age (with two-year look-back period).
		\$100 (full payment) or \$50 (half payment) per MSC+ or Medicare Advantage member screened.	
2.	Colorectal Cancer Screening	\$125 (full payment) or \$62.50 (half payment) per MSHO member screened.*	<ul style="list-style-type: none"> ▪ Members 50-75 years of age.
		\$100 (full payment) or \$50 (half payment) per MSC+ or Medicare Advantage member screened.	
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.
Measures based on lab submission data:			
4.	Cardiovascular Disease Care* <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 (<140/90 mm Hg)* - Daily Aspirin Use* - Non-tobacco user status (must be documented)* 	<ul style="list-style-type: none"> ▪ \$100 per member “in control” for LDL-C and blood pressure with documented daily aspirin use and non-tobacco user status.* 	<p>\$100 per member (members 18-75 years of age with cardiovascular disease as identified through claims data) with submitted LDL-C level and blood pressure reading in control.</p> <ul style="list-style-type: none"> ▪ Must submit most recent results of both LDL-C and blood pressure. ▪ Must indicate documented current non-tobacco user status during the measurement year.* ▪ Must indicate documented daily aspirin or accepted contraindication during the measurement year.* ▪ Limit one “in control” submission payment per member per year.

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	<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.	Controlling High Blood Pressure* <ul style="list-style-type: none"> ▪ Submission of “In Control” Results: <ul style="list-style-type: none"> - Blood pressure reading in control (<140/90 mm Hg) 	<ul style="list-style-type: none"> ▪ \$75 per member “in control” for blood pressure reading. 	\$75 per member (members 18-75 years of age diagnosed with hypertension as identified through claims data, excluding those with cardiovascular disease or diabetes) with submitted blood pressure reading in control. <ul style="list-style-type: none"> ▪ Must submit most recent blood pressure results. ▪ Limit one “in control” submission payment per member per year.
6.	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.
7.	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 (<140/90 mm Hg)* - Daily Aspirin Use (for members with co-morbidity of Ischemic Vascular Disease)* - Non-tobacco user status (must be documented)* ▪ Submission of Results (need all five): <ul style="list-style-type: none"> - LDL-C levels - HbA1c screens - Blood pressure readings - Daily Aspirin Use (for members with co-morbidity of Ischemic Vascular Disease)* - Non-tobacco user status (must be documented)* 	<ul style="list-style-type: none"> ▪ \$150 per member “in control” for LDL-C, HbA1c and blood pressure reading with documented daily aspirin use (if IVD co-morbidity) and non-tobacco user status.* ▪ \$25 per member with LDL-C, HbA1c and blood pressure results submitted, documented daily aspirin use (if IVD co-morbidity), and non-tobacco user status.* 	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, HbA1c, and blood pressure readings in control. <ul style="list-style-type: none"> ▪ Must submit most recent results of all three (LDL-C, HbA1c, blood pressure). ▪ Must indicate documented current non-tobacco user status.* ▪ Must indicate documented daily aspirin or accepted contraindication (for members with co-morbidity of Ischemic Vascular Disease).* ▪ 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, HbA1c, and blood pressure readings. <ul style="list-style-type: none"> ▪ Must submit most recent results of all three (LDL-C, HbA1c, blood pressure). ▪ Must indicate documented current non-tobacco user status during measurement year.* ▪ Must indicate documented daily aspirin or accepted contraindication (for members with co-morbidity of Ischemic Vascular Disease) during measurement year.* ▪ Limit one submission payment per member per year.

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****Payment rates:** Payments will be made for each eligible member provided service as specified below. If the care system performance is above the network 60th percentile for a measure, the system will receive full payment for all eligible members provided the service in the measurement year. 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 receive half payment for all eligible members provided the service in the measurement year. Actual payment rates may vary from the anticipated payment rates subject to health plan financial results.

Example:

System X achieves a diabetic retinal eye exam rate of 80% in the measurement year, and the network 60th percentile rate is 75%. System X will receive \$50 for each eligible member who received an eye exam.

System Y achieves a diabetic retinal eye exam rate of 70% in the measurement year, and the network 60th percentile rate is 75%. System Y will receive \$25 for each eligible member who received an eye exam.

The minimum required improvement for half payment will be calculated as follows: The care system must improve by 20%* 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: $70\% - 57\% = 13\%$

20% of the difference: $13\% \times 0.2 = 2.6\%$

System A's Improvement goal for 2010: $57\% + 2.6\%$ (in absolute percentage points) = 59.6%

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