MEDICARE STRIDE

2020 Quality Performance Program for Providers

Harvard Pilgrim Health Care

Medicare Advantage Quality Performance Program

Program

Harvard Pilgrim's (HPHC) Quality Performance incentive programs are a cornerstone of our mission to ensure the overall value of heath care provided to our members. The Medicare STRIDE Quality Performance Program rewards physician groups for attaining targeted goals in quality, safety, efficiency, health equity, and overall patient experience.

Our Program is designed to encourage and reward greater focus on preventive health services, managing chronic conditions, and medication management that will result in improved clinical outcomes.

The Medicare STRIDE Quality Performance Program is reviewed and refreshed annually to ensure that the measures are aligned with state and national quality initiatives.

The Plan's Medicare Advantage Quality Performance Program rewards high levels of performance on clinical quality indicators taken from the domains of the CMS Five Star Quality Rating System for Medicare Advantage Plans and from NCQA HEDIS.

STAR Quality Measures and Criteria

The Medicare Advantage Quality Performance Program rewards performance in selected Measures for the Medicare Advantage patient population served by the practice. The LCU performance for 2020 will be determined based on verification of LCU Participating Providers' compliance with the Measures for each of their Medicare Advantage Members. As described in Table 1 below, the verification may be confirmed either via claims submission or chart review. The Plan may audit LCU medical records, as necessary, for purposes of verifying compliance with the Measures.

Measure	Target	Documentation of Performance
Breast Cancer Screening	Medicare Advantage Female Members age 50-74 who had a mammogram to screen for breast cancer. The member is numerator compliant if she had one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.	Claims submission
Controlling Blood Pressure (<140/90)	The percentage of Medicare Advantage Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	CPT II code or submission of outcome value
Diabetes Care – Eye Exam	Medicare Advantage Members with Diabetes who had an eye exam to check for damage from diabetes during the year. This includes diabetics who had one of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year • A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year	Claims submission
Diabetes Care – Medical Attention for Nephropathy	Medicare Advantage Members with Diabetes (type 1 and type 2) who had one of the following: • A nephropathy screening or monitoring test (urine protein test)	Claims submission

	• Evidence of treatment for nephropathy or ACE/ARB Therapy (filled prescription for an ACE/ARB) • Evidence of stage 4 chronic kidney disease. • Evidence of ESRD. • Evidence of a kidney transplant. • A visit with a nephrologist. • At least one ACE inhibitor or ARB dispensing event in the measurement year.	
Medication Reconciliation within 30 days of discharge	Medicare Advantage Members with discharges from January 1–December 1 of the measurement year for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days). Medical record documentation that indicates the provider reconciled the current and discharge medications or a note indicating no medications were prescribed or ordered upon discharge is considered numerator compliant.	Claims submission

Medicare Advantage Quality Measures

LCU Submission:

The LCU is required to submit outcome values for the Controlling High Blood Pressure Measure, via the Plan's SFTP server. In March 2021, the Plan posts a data collection tool, listing members eligible for the measure. The LCU populates the tool with member data and re-posts in April 2021.

By December 15th, of the current year (e.g. 2020), the Plan will provide an updated Medicare Advantage Member roster ("Final Roster") to each LCU that identifies: (i) the LCU's Medicare Advantage Members, and (ii) the LCU Primary Care Provider for such Members. The Final Roster represents the baseline for performance and payment calculations. The Medicare Advantage Membership file that the Plan posts to the LCU's secure SFPT server on or before the 15th of December will be deemed as the LCU's Final Roster.

The Plan will calculate the LCU's performance based on the verification of compliance by the LCU or the LCU Participating Provider showing that the Measures were met for their Medicare Advantage Members. The Plan will use claims with dates of service (DOS) for January through December 2020, to calculate LCU's performance.

On or about ninety days (90) after the LCU's verification of compliance, the Plan will determine the LCU's performance on the Measures. The Plan will make payment to LCU in a PMPM amount for the Medicare Advantage Members as defined on the Final Roster for the applicable calendar year by November 15

If interested in developing electronic feeds, please contact HPHC_NMM@harvardpilgrim.org

For more information on the Medicare Quality Program visit
www.harvardpilgrim.org/MedDir/P4P

If you have questions, please contact HPHC_NMM@harvardpilgrim.org

Target, Measures and Payment:

Target Performance: The targets for each of the Measures listed in Table 1 above, are based on the level of achievement compared to the STARs based values published in October (per CMS) of the following year (e.g. 2020 performance would be compared to the 2021 Published Stars based values). Graduated payout is based on the LCU performance compared to the 2021 Published STARs cut points as described below:

Note:

Small LCU's – for those LCU's with smaller membership (see individual addendum) the payment will be a **PMPY** amount for the Medicare Advantage Members. (Please refer to LCU individual contract addendum for more information)

Table 2: Targets for Medicare Advantage STAR Measures	
Targeted STARS	Earning % Measure PMPM
< 3.0 Stars	0%
>= 3.0 and < 3.5 Stars	25%
>= 3.5 and < 4.0 Stars	50%
>= 4.0 and < 4.5 Stars	75%
>= 4.5 Stars	100%

Table 3: Summary of Payment Requirements and Frequency for the 2020 Quality Measures	
Requirements for Payment	Verification of compliance (Claims submission, and submission of outcome value, as applicable) by LCU certifying compliance with the Measures described in Table 1 above for each of their Medicare Advantage Members. The Plan will calculate the LCU's performance based on the methodology described under each metric and compare such metric to the CMS published cut points to determine the STAR value of each Measure.
LCU Deadlines	Claims with DOS January – December 2020,
Funding	As indicated in Table 1 above*
Payment Frequency	Annually, by November 15th, 2021

Annual Physical and Wellness:

The Plan encourages Medicare Advantage patients to obtain an annual wellness visit. Health care visits are an opportunity for patients to receive preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions.

Measurement: Medicare Advantage Members age 20 and older who had an ambulatory or preventive care visit during the measurement year. The member is numerator compliant if they have been continuously enrolled during the Measurement Year.

The Medicare Advantage patient must complete the Adult Access to Primary Care Visit by December 31, 2020.

See Appendix 1 for tips on the AAP visit

The Plan will calculate the LCU's performance for the Adult Access to Primary Care Visit measure as compared to the overall Plan's Network performance, using a gated methodology.

Payment Gates:
Payment will be made annually as noted in Table 4.

Table 4: Summary of Payment Requirements for the Adult access to primary care visits (AAP)

Requirements for Payment	The Plan will calculate the LCU's performance for the Annual Physical & Wellness Visit measure in comparison to the overall Plan's Network performance.
LCU Deadlines	Annual Well Visit (AAP) completed by December 31, 2020
Payment Frequency	Annually, by November 15th, 2021

Target Gates %	% of the Per Member Per Year $$
< 75th percentile	0%
75.0 – 89.9th percentile	50%
≥ 90th percentile	100%

Accurate Clinical Documentation:

The Plan supports engagement with Medicare Advantage patients that have chronic conditions and encourages complete coding of patient conditions to aid in understanding the true health risk of the LCU's Medicare Advantage Members and enabling appropriate population health management. The Plan supports this by providing a framework for providers to:

- **a.** Schedule an appointment for their patient,
- **b.** Provide follow up care for the condition(s)
- **c.** Submit a claim coded with the chronic condition diagnosis.

Measurement: The Plan will provide a list to the LCU of Medicare Advantage Members with chronic conditions submitted through previous years claims and conditions reported by CMS, who have not yet been seen for this condition in 2020 (as documented via receipt of a claim coded with that condition). This is defined as a "Coding Gap."

If appropriate, the provider engages the Medicare Advantage patient to follow-up on the chronic condition(s) by December 31, 2020 and submits a claim with the diagnosis code(s) by February 28, 2021. Chronic conditions must be monitored, evaluated, assessed or treated through a face-to-face encounter. Documentation in the EMR must show that condition was monitored, evaluated, assessed or treated.

The Plan will provide the LCU with:

- An Initial List by February 15th of the current year (e.g. 2020) that identifies the LCU's Medicare Advantage Members that have chronic conditions
- Updated Lists by May 15th and August 15th of the current year (e.g. 2020).
- A Final List by October 15th, of the current year (e.g. 2020). This list will be updated to remove members who have already been seen by their provider for the chronic condition.

Target: Close at least 70% of the Coding Gaps.

Payment:
Payment will be made annually as noted in Table 5.

Table 5: Summary of Payment Requirements and Frequency for the Accurate Clinical Documentation

Requirements for Payment	Close at least seventy (70%) percentage of the Coding Gaps. Verification of compliance will be based on claims submitted to the Plan for care provided to Medicare Advantage Members for the identified chronic condition.
LCU Deadlines	Follow-up on chronic condition(s) by December 31, 2020
Payment Frequency	Annually, by November 15th 2021

Gates for Gap Closure
0 – 69.9%
70.0 – 74.9%
75.0- 89.9%
90.0%+

Appendix 1

Tips and Topics to cover in the annual wellness visit for Medicare

ADULTS' ACCESS TO PREVENTIVE / AMBULATORY HEALTH SERVICES

APPLICATIONS	HEDIS® (Administrative) NCQA Rating
OBJECTIVE Purpose of Measure:	To ensure adult members had an ambulatory or preventive care visit during the measurement year
ELIGIBLE POPULATION Which members are included?	Members age 20 years and older as of December 31st of the measurement year
STANDARD OF CARE	Adults should have one or more ambulatory or preventive care visits each year.
NCQA ACCEPTED CODES	*Please see code table.*
DOCUMENTATION REQUIREMENTS What documentation should be submitted?	Complete physical exam, including but not limited to: height, weight, BMI, vital signs, history & physical, review of systems, appropriate screening tests, immunizations administered, all anticipatory guidance given, including but not limited to the following topics: • Smoking cessation • Avoiding alcohol and/or drugs • Good nutrition • The importance of safety belts • Wearing motorcycle, bicycle, skateboard helmets • Smoke detectors • Fall prevention • Safe water heater temperatures • Sexually transmitted disease prevention • Unintended pregnancy/birth control • Regular dental visits/dental care • Safe storage or removal of firearms • Physical activity/fitness • Limit fat and cholesterol • Adequate calcium intake (women) • Advanced Health Care Directives