

October 2017

Changes to HMSA's 2018 primary care quality programs

Aloha Provider,

Thank you for your dedication to caring for HMSA members. Your hard work has improved the quality of health care and enhanced the patient experience. Together, we've made important gains in clinical quality, patient safety, cost management, and well-being.

I'm writing to tell you about changes to our primary care quality programs. These changes for the 2018 program year will continue to move us forward in transforming Hawaii's health care system.

HMSA's pay-for-quality and PCMH programs

Starting January 1, 2018, we'll no longer offer the pay-for-quality and patient-centered medical home (PCMH) programs. We'll issue final payments for the 2017 program year in 2018 as outlined on the payment schedules in the program guides. The program guides can be found at hmsa.com/portal/provider/prc_programs.htm.

Primary care payment transformation model

Changes are also being made to the Engagement and Performance measure sets that are part of the Primary Care payment transformation model. Details will be available in the 2018 guide, which will be published in December 2017.

I. Engagement Measures

Sharecare Engagement (PCP)

- This measure will be removed for 2018.

Population Health: Social Determinants of Health Data Collection (PO)

- This measure will continue to be unscored for 2018.

II. Performance Measures

New patient exclusion for all measures — Members living long-term in an institutional setting

- Requires submission of a Request for Reconsideration with documents of supporting evidence that the patient was institutionalized for at least six months during the measurement year.
- To attest that the exclusion is applicable, providers must submit a request each measurement year.
- Exclusion requests will be accepted beginning in the third quarter of 2018.

Body mass index assessment (PCP)

- Denominator criteria modified to include only outpatient encounters with an eligible PCP-type who has one of the following specialties: primary care APRN, family practice, general practice, internal medicine, naturopathic practice, pediatrics, primary care physician assistant.

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Breast cancer screening (PCP)

- Numerator criteria updated to include three new service codes for digital breast tomosynthesis: CPT 77061, CPT 77062, HCPCS G0279 (must be coded with G0204 or G0206).

Diabetes care — All four measures (PCP)

- Denominator criteria modified to include only outpatient encounters with a diagnosis of diabetes with the following provider-types: primary care APRN, endocrinologist, family practitioner, general practitioner, internal medicine, naturopathic practitioner, nephrologist, pediatrics, pediatric endocrinologist, pediatric nephrologist, primary care physician assistant.
- Exclusion criteria modified to exclude patients with polycystic ovarian syndrome.

Diabetes care — Eye exam (PCP)

- Numerator criteria updated to include eye enucleations performed at any time in the patient's history through December 31, 2018.

Diabetes care — Medical attention for nephropathy (PCP)

- Numerator criteria updated to include sacubitril-valsartan as an allowable antihypertensive combination.

Immunizations for adolescents (PCP)

- Numerator criteria updated to include Tdap vaccines administered starting from 7 years of age.
- New display-only performance rate for HPV vaccine series administered between the patient's 7th and 13th birthdays. We'll specify the acceptable vaccines in the 2018 code set for this measure, which will be available at hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm.

Screening for symptoms of clinical depression and anxiety (PCP)

- Numerator criteria modified to allow a combination of an expanded set of depression and anxiety screening tools. We'll list acceptable screening tools in the 2018 guide, which will be available in December 2017.
- Claims reporting requirement remains the same. Refer to the 2018 code set for this measure, which will be available at hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm.

Hospitalization for potentially preventable complications — chronic ACSC (PO)

- New display-only performance rate for acute conditions. We'll include details on measure specifications in the 2018 guide, which will be available in December 2017.

Review of Chronic Conditions (PCP)

- Measurement period for 2018 will be nine months: January 1 to September 30, 2018.

Emergency department utilization (PO)

- This measure will be removed for 2018.

Avoidable emergency department utilization (PO)

- New measure. The rate of avoidable emergency department (ED) visits for attributed members of a PO. Members must be attributed to the same PCP during the first month of the current measurement period (e.g., January 2018) and the last month of current measurement period (e.g., December 2018).
- In 2018, compliance for this measure will be based on timely submission of Plan Do Study Act (PDSA)-type reports by POs. Details on these requirements will be published in the 2018 guide, which will be available in December 2017.

III. Financial Considerations

Base PMPM band rates will be unchanged thru June 30, 2018.

Engagement Measures

(PCP Weights)	Commercial	HMSA Akamai Advantage [®]	QUEST Integration
Access to and use of Cozeva [®]	6%	6%	5%
Panel management	7%	7%	5%
Engagement with ecosystem	7%	7%	5%
EPSDT completion rate			5%
TOTAL	20%	20%	20%

(PO Weights)	Commercial	HMSA Akamai Advantage	QUEST Integration
Access: Facilitating timely access for new members	20%	20%	20%
Access: Facilitating timely access for existing members	20%	20%	20%
Access: Facilitating timely access for members across all lines of business	20%	20%	20%
Access: Providing 24/7 coverage for attributed members	20%	20%	20%
Collaboration: Participation in HMSA PO meetings	20%	20%	20%
TOTAL	100%	100%	100%

PMPM engagement budget for POs

Commercial	\$0.90
HMSA Akamai Advantage	\$0.60
QUEST Integration	\$0.50

Performance Measures

PMPM budget for PCPs

Commercial	\$4.50
HMSA Akamai Advantage	\$8.00
QUEST Integration	\$3.00

PMPM budget for POs

Commercial	\$0.60
HMSA Akamai Advantage	\$0.40
QUEST Integration	\$0.20

We look forward to our continuing partnership as we all strive to improve the health of Hawaii's people. Thank you again for the excellent care you provide to our members and for supporting HMSA.

Sincerely,

A handwritten signature in black ink that reads "Cary K. Koike". The signature is written in a cursive, flowing style.

Cary K. Koike
Director, Strategic Network Relations
Provider Services

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Applied Research Works® is an independent company that provides COZEVA®, an online tool for HMSA providers to engage members on behalf of HMSA.