

Humana Physician Quality Rewards Program 2014

Medicare

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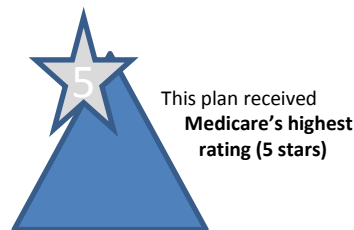
Humana

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What is CMS Stars and Why Should Providers Be Concerned?

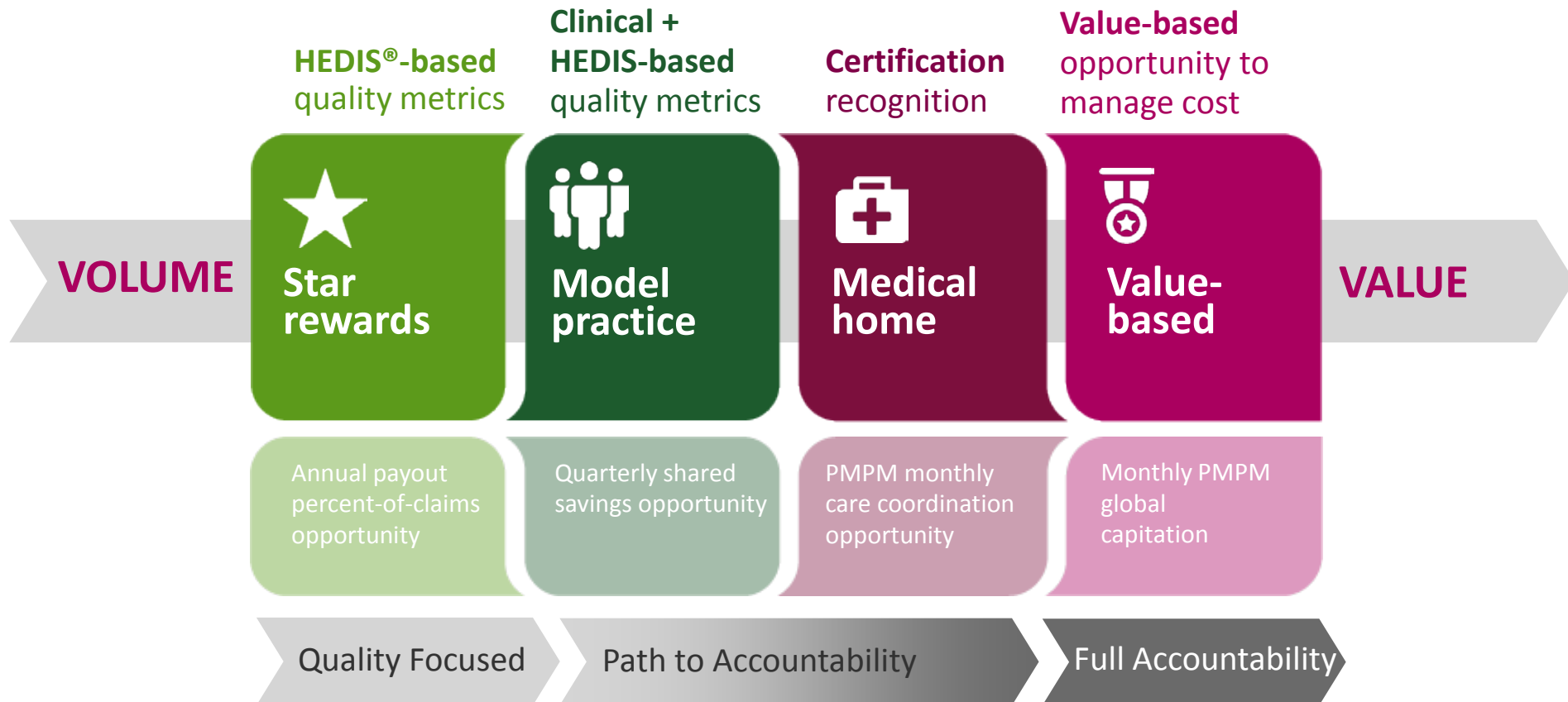
- CMS Program of Quality & Performance Measures
 - Give patients the ability to make informed decisions about enrollment options.
- The Affordable Care Act (2009) contains provisions to cut MAPD payments
 - MAPD members on low performing Plans will have the option to move to 5 Stars Plans at any time.
 - Both High (5 Stars) and Low (2.5 Stars or lower for 3 years of data) Plans are flagged on the Plan Finder website.
- CMS will highlight contracts receiving an overall or summary rating of 5 stars with a new icon



- Information on Medicare.gov will note that beneficiaries can enroll in 5-star plans at any time during the year

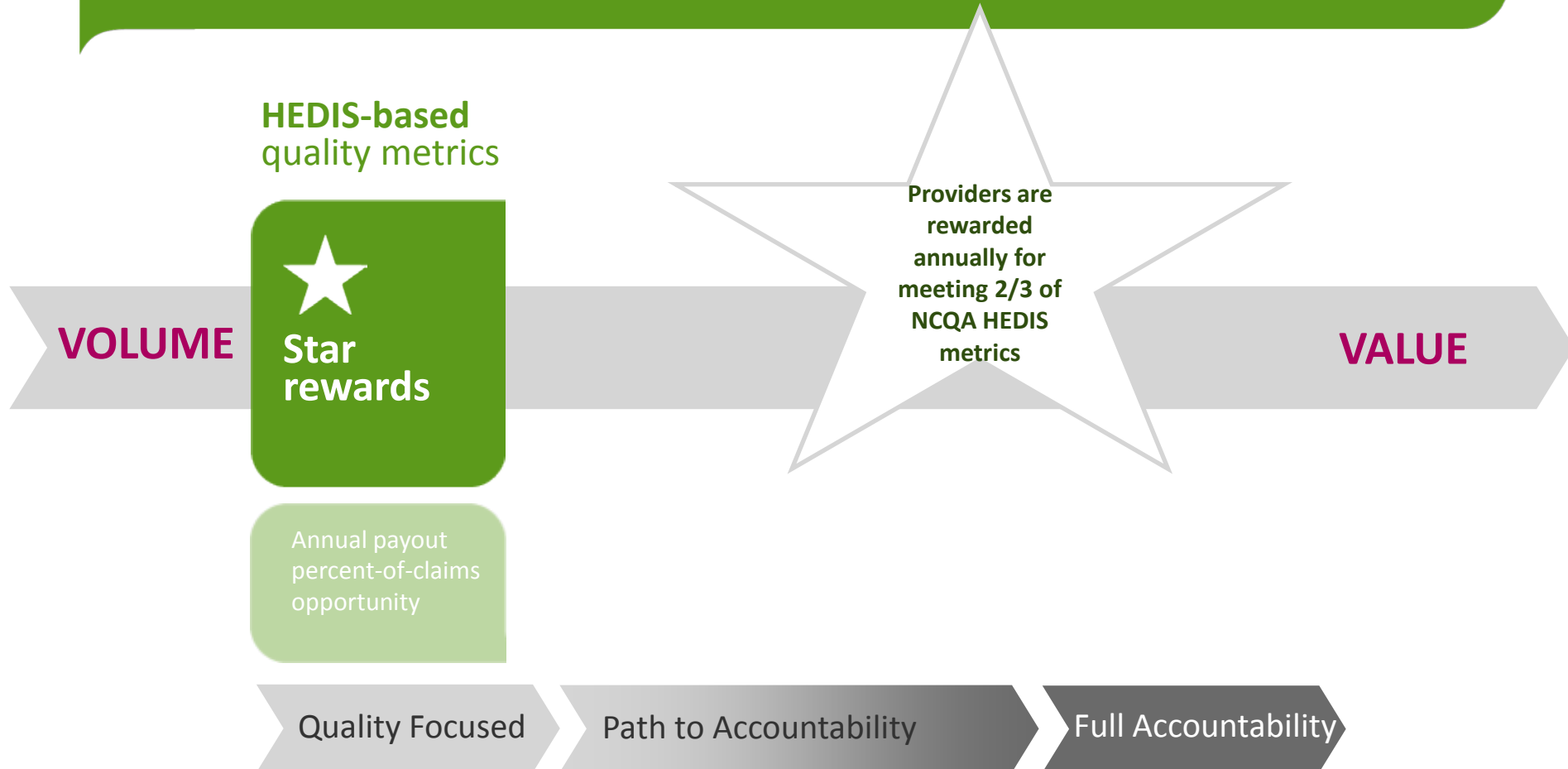
Humana's Accountable Care Continuum

Provider Quality Rewards

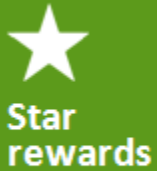


Humana's Accountable Care Continuum

From Pay for Production **to** Pay for Value



Star Rewards Program

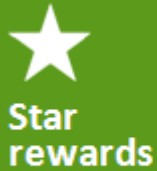


Quality-only Reward

National Committee for Quality Assurance
(NCQA)

Healthcare Effectiveness Data and Information
Set (HEDIS) Measures

Star Rewards Program

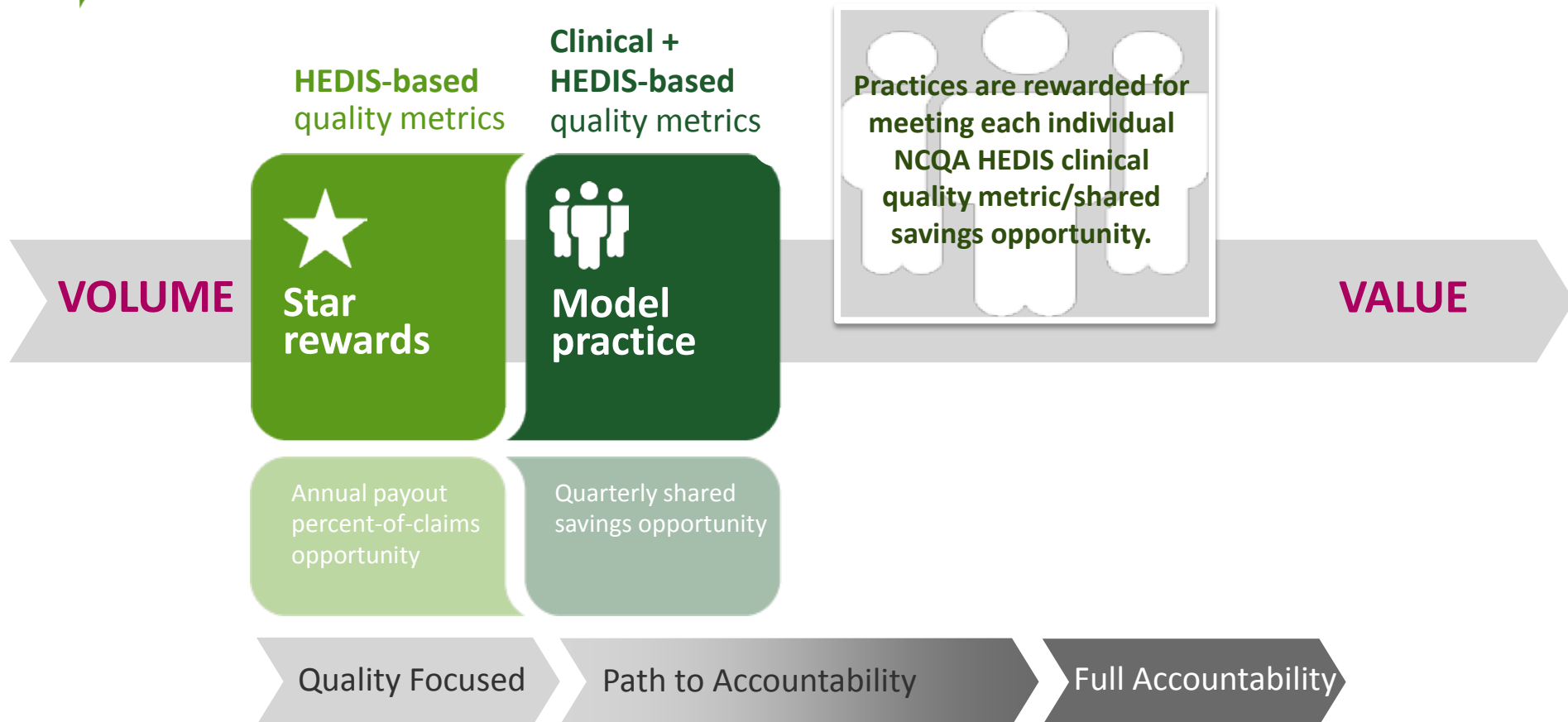


Quality-only Reward

- Humana-covered patients attributed/assigned to a physician's practice for MA PPO, MA HMO-FFS and MA PFFS
- Practice goal to meet is two-thirds of the six NCQA HEDIS measures at the CMS 5-star Level
- Rewards payments are paid on an annual basis
- Practices can participate in one program at a time
- Measures may be adjusted based on CMS priorities

Humana's Accountable Care Continuum

From Pay for Production **to** Pay for Value



Model Practice Program

Path-to-Accountability Rewards



Model
practice

NCQA HEDIS Measures and Clinical /Strategic Initiatives



Reward payments for each individual measure met at CMS 5-star level

HEDIS Measures

Generally the most relevant measures

Example: Diabetic Management

Clinical and Strategic Initiatives

Example: 30 day Readmission

Humana “CAHPS/HOS” VAT Survey – Annual Kicker

New in 2014: Modeled after CMS surveys

The measure will be based on the categories shown here with an aggregated annual target of 80%.

Member surveys are made by outbound VAT calls similar to the CMS CAHPS/HOS survey patient experience program.

Access to Care

92.3%

- Scheduling – 95%
- Wait times – 87%
- Referrals – 95%

Coordination of Care

90.5%

- RX review – 93%
- Informed about specialist care – 88%

Patient Discussion

54.6%

- *Reducing falls – 60%
- *Bladder Control – 40%
- Physical Activity – 64%

*Talk-to-treatment rate

**Member
Experience
Rating
79%**

Model Practice Program

Path-to-Accountability Rewards*



Model
practice

- Includes HEDIS measures like the Star Rewards Program, but also includes additional clinical measures recommended by Humana's Quality Organization.
- Unlike Star Rewards, rewards for Model Practice are paid for meeting each individual measure achieved .
- For Humana-covered patients attributed/assigned to a physician's practice for MA PPO, MA HMO-FFS and MA PFFS.
- Reward payments are paid quarterly.
- Practices can participate in one program at a time.

Humana's Accountable Care Continuum

From Pay for Production **to** Pay for Value

Providers must meet HEDIS and clinical quality metrics/payments based on care coordination opportunities depending on level of certification.

VOLUME

HEDIS-based
quality metrics



**Star
rewards**

Annual payout
percent-of-claims
opportunity

Clinical +
HEDIS-based
quality metrics



**Model
practice**

Quarterly shared
savings opportunity

**Certification
recognition**



**Medical
home**

Shared savings/
PMPM monthly care
coordination
opportunity

VALUE

Quality Focused

Path to Accountability

Full Accountability

Medical Home

Path-to-Accountability Rewards



Medical
home

- Targets higher functioning practices:
 - Infrastructure well defined with evidence of team functioning and access to care
 - Health information technology, such as electronic health record (EHR) and electronic prescribing (eRx) systems
- Medical Home measures are the same as the Model Practice measures with additional measures focusing on the full spectrum of patient care.
- Monthly care coordination payment covers physician cost of Medical Home certification, additional resources required for utilization measures and overall practice enhancements.
- To be eligible for the care coordination payment, practices must meet measure target goals on the same quarterly basis as they would for the Model Practice program.

Third-Party Industry Organizations

- Humana's Physician Quality Rewards Program includes industry-standard measures and has been introduced to these health care industry organizations:
 - Medical Group Management Association (MGMA)
 - American College of Physicians (ACP)
 - American Medical Association (AMA)
 - American Academy of Family Physicians (AAFP)
- In 2013, Humana paid \$60 million in reward payments to provider practices across the country as part of our Provider Quality Reward Program.



Questions?

Humana