

# Humana Physician Quality Rewards Program 2014

Medicare

Glen Champlin  
MSO Director

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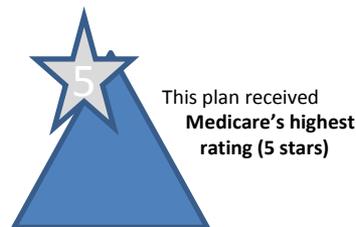
**Humana**

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# What is CMS Stars and Why Should Providers Be Concerned?

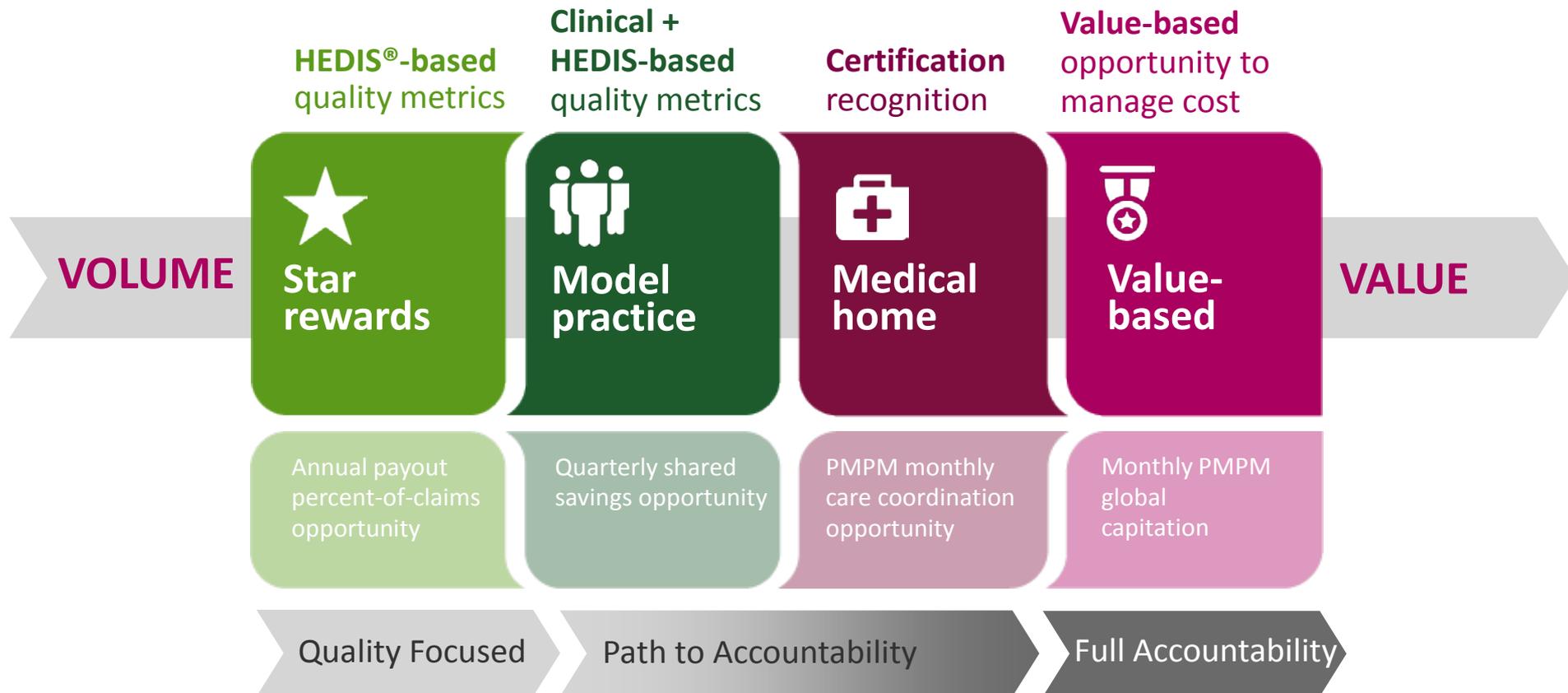
- CMS Program of Quality & Performance Measures
  - Give patients the ability to make informed decisions about enrollment options.
- The Affordable Care Act (2009) contains provisions to cut MAPD payments
  - MAPD members on low performing Plans will have the option to move to 5 Stars Plans at any time.
  - 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

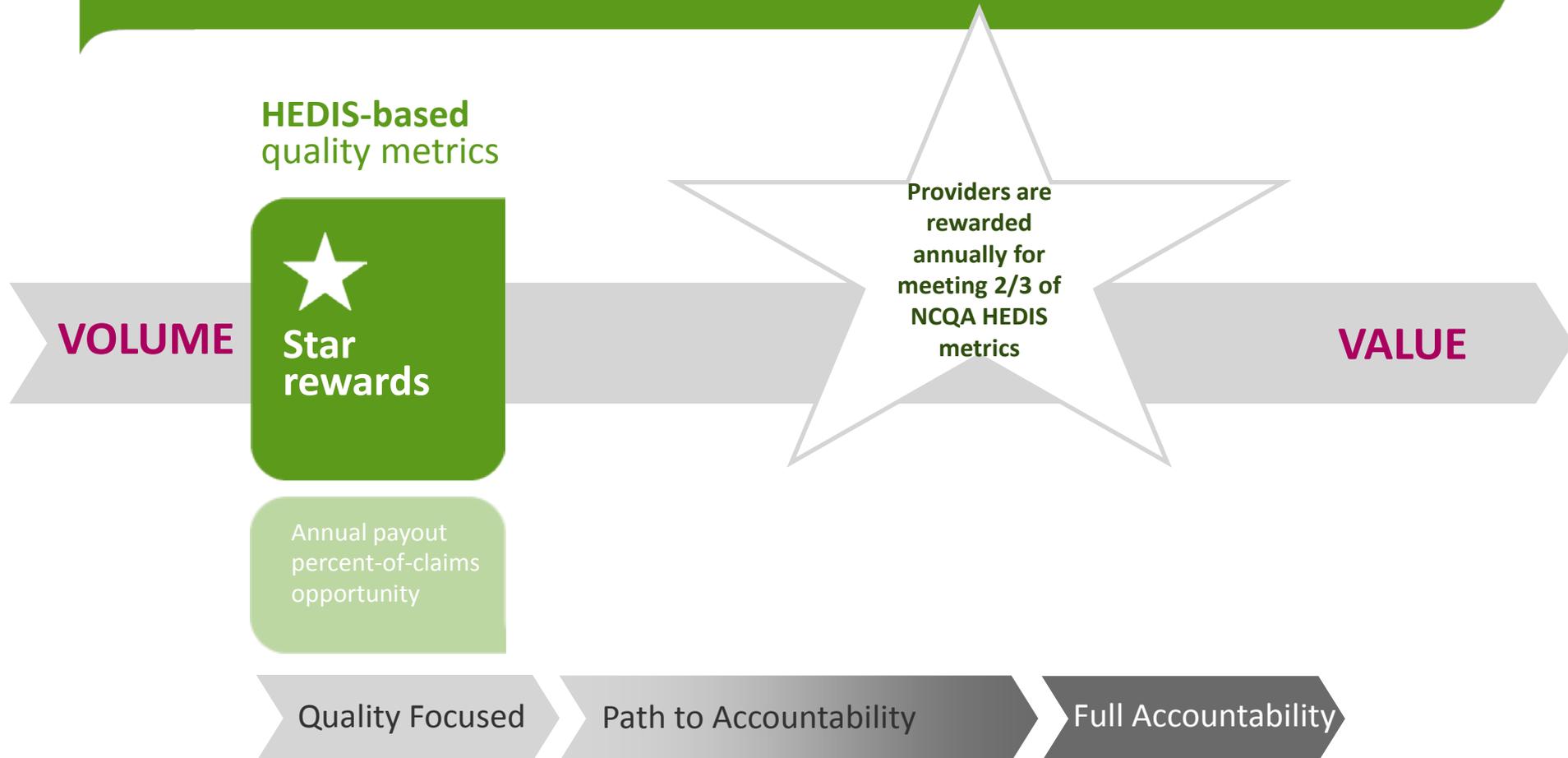
# Humana's Accountable Care Continuum

## Provider Quality Rewards

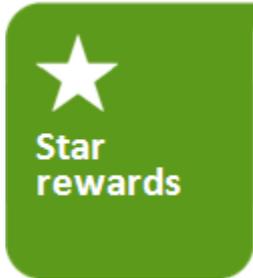


# Humana's Accountable Care Continuum

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



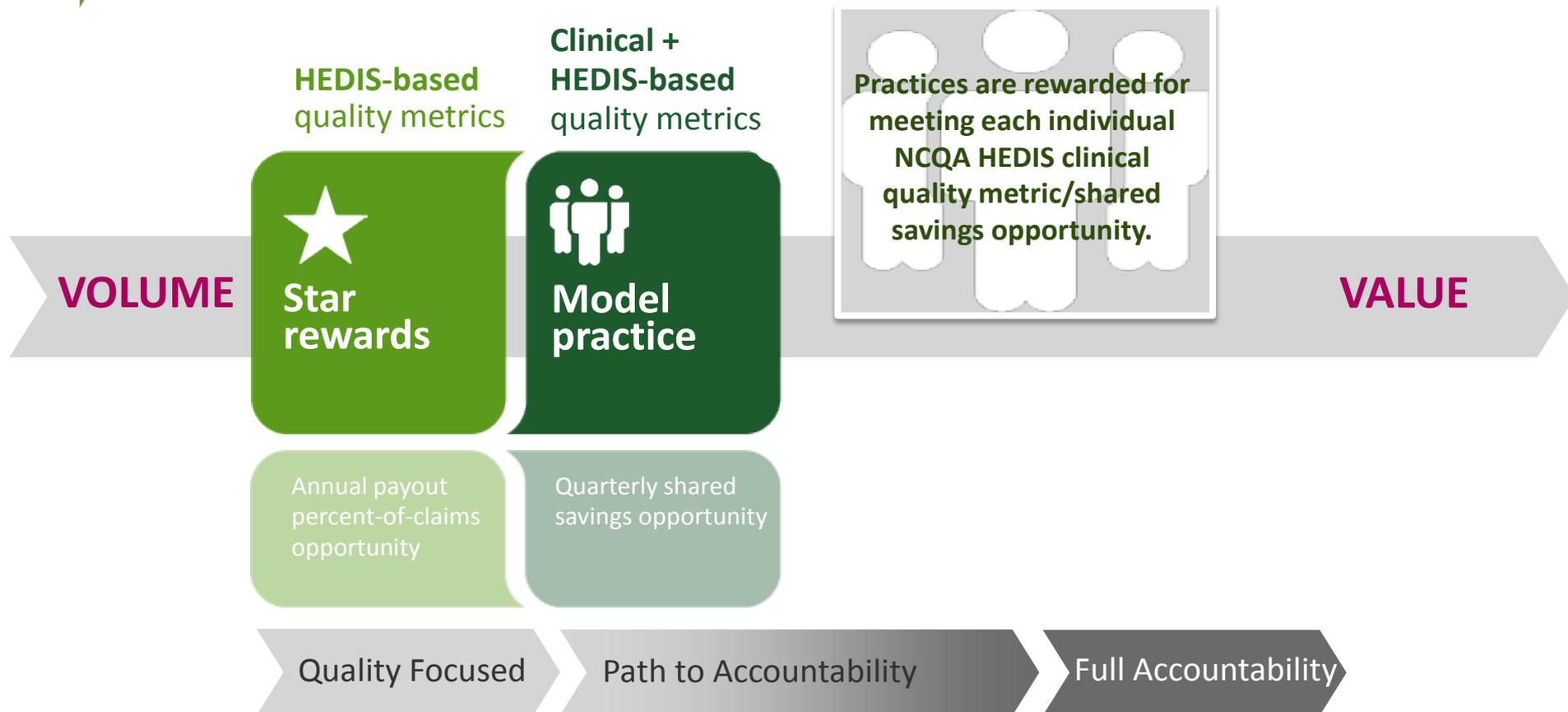
Star  
rewards

## 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

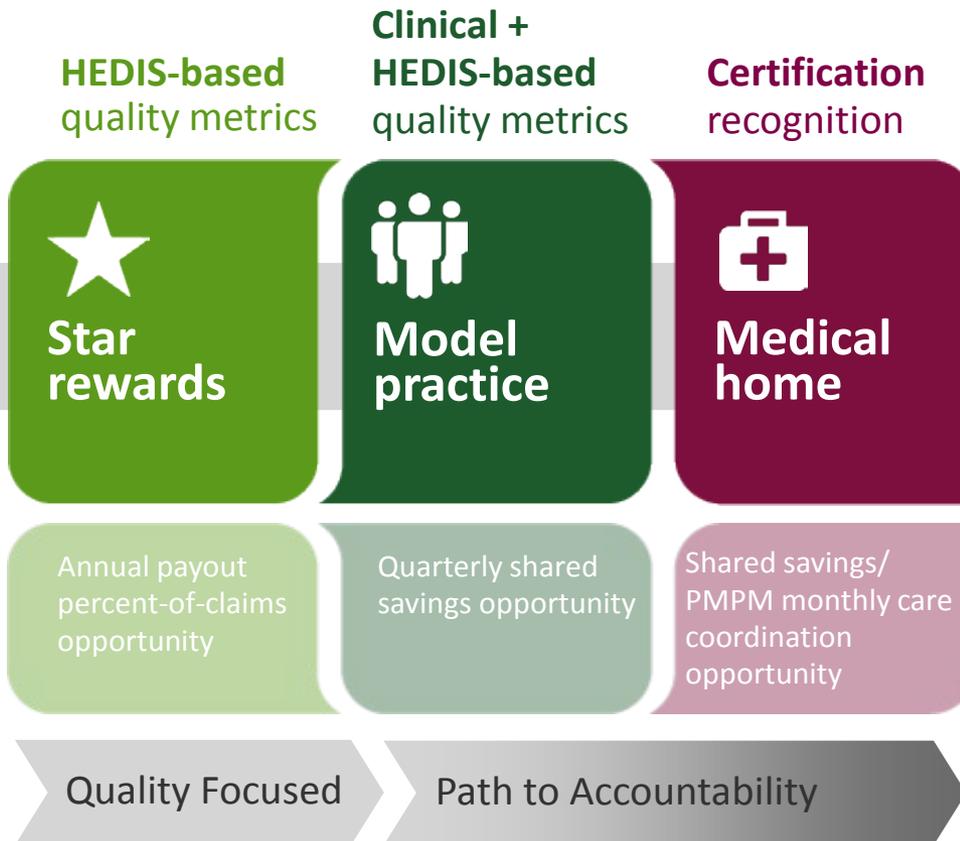
- Includes HEDIS measures like the Star Rewards Program, but also includes additional clinical measures recommended by Humana's Quality Organization.
- Unlike Star Rewards, rewards for Model Practice are paid for meeting each individual measure achieved .
- For Humana-covered patients attributed/assigned 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**



**VALUE**

# 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?

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