

Quality Program for commercial value-based agreements

Effective January 1, 2022

Value-based care is focused on the quality of services delivered, where performance is evaluated on meeting target quality performance measures, to reward the provision of high-quality care. **Our Quality Program for commercial value-based agreements (VBAs) applies to the Commercial Total Care Program and Accountable Health Network (AHN) agreements.**

2022 Quality Program overview

Beginning with the 2022 Accounting Period, the Quality Program in applicable commercial value-based agreements is being updated to create a reduced number of quality measures and to align with Asuris targets (minimum of 50th percentile).

2022 Quality Program administration

- Six standard measures with two alternate measures
- Measures will be locked at the beginning of the Accounting Period
 - Alternates will be selected by Asuris if a Healthcare Effectiveness Data and Information Set (HEDIS®) specification has changed or is not predicted to meet minimum denominator threshold (minimum of 30 enrolled members for a measure).
- Each measure is worth 1, 2 or 3 points based on HEDIS percentile achieved:
 - 1 point for meeting the 50th percentile
 - 2 points for meeting the 75th percentile
 - 3 points for meeting the 90th percentile
- Providers can earn a maximum of 18 points; included on page 2 is an example of how points are awarded if there are only 4 or 5 total quality measures for a specific provider due to not meeting minimum denominator threshold.
- Attribution for the Quality Program will be final as of the September membership report.

October 2021



Amount of Earned Surplus

The amount of the program fund surplus that Provider may earn under the Quality Program depends on the percentage of points for quality measures earned as follows:

TABLE 1: AMOUNT OF EARNED SURPLUS

Range of % of points Earned	% of Program Fund Surplus
80% -100%	50%
65%-79%	45%
50%-64%	40%
40%-49%	35%
30%-39%	30%
20%-29%	25%
0%-19%	0%

The amount of Total Care Program/ Accountable Health Earned Surplus for Commercial AHN agreements may also include an enrolled member component in accordance with the applicable agreement.

Example

The following example shows how points are awarded for % of Program Fund Surplus if there are only 4 or 5 total quality measures for a Provider due to not meeting the minimum denominator threshold for a measure(s).

Max Points	Points Earned	Total Measures in Program		
		6 Measures	5 Measures	4 Measures
	18	100%		
	17	94%		
	16	89%		
	15	83%	100%	
	14	78%	93%	
	13	72%	87%	
	12	67%	80%	100%
	11	61%	73%	92%
	10	56%	67%	83%
	9	50%	60%	75%
	8	44%	53%	67%
	7	39%	47%	58%
	6	33%	40%	50%
	5	28%	33%	42%
	4	22%	27%	33%
	3	17%	20%	25%
	2	11%	13%	17%
	1	6%	7%	8%
Min Points	0	0%	0%	0%

Our Quality Program for commercial value-based agreements applies to our Commercial Total Care Program and Accountable Health Network (AHN) agreements.

2022 Quality Program measures

Target Performance for HEDIS quality measures will be based on the National Committee for Quality Assurance (NCQA) Quality Compass National Commercial (PPO/EPO) percentiles.

Measurement will be as closely aligned to NCQA technical specifications as reasonable. Asuris will determine the measurement methodology at its sole discretion.

2022 Quality Measures

HEDIS code	Measure	Description
BCS	Breast Cancer Screening	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
CBP	Controlling High Blood Pressure	The percentage of 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.
COL	Colorectal Cancer Screening	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.
HBD	Hemoglobin A1c Control for Patients With Diabetes: HbA1c control (<8.0%)	The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was <8.0% during the measurement year.
PCR	*Plan All-Cause Readmissions	Rate of acute inpatient stays during measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days for members aged 18+
	*Member Satisfaction Survey	The Member Survey will be scored based on the available responses to questions associated with Quality Measures answered by Members rating their care and experience with Provider.

*Targets will be set for these measures by Asuris, not HEDIS percentile benchmarks.

Alternate Measures

HEDIS code	Measure	Description
EED	Eye Exam for Patients With Diabetes	The percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
SPD	Statin Therapy for Patients With Diabetes Statin Adherence 80%	Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

2022 Quality Measures for pediatric agreements

HEDIS code	Measure	Description
CIS	Childhood Immunization Status: Combination 10	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
IMA	Immunization for Adolescents: Combination 2	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for BMI Percentile	The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.
WCV	Child and Adolescent Well-Care Visits	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
W30	Well Child Visits in the First 15 Months of Life – 6 or More Visits	The percentage of members who turned 15 months old during the measurement year who had six or more well-child visits with a PCP during the last 15 months.
	*Member Satisfaction Survey	The Member Survey will be scored based on the available responses to questions associated with Quality Measures answered by Members rating their care and experience with Provider.

*Targets will be set for these measures by Asuris, not HEDIS percentile benchmarks.

Alternate Measures

HEDIS code	Measure	Description
URI	Appropriate Treatment for Upper Respiratory Infection	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.
AMR	Asthma Medication Ratio	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Commercial Total Care Program Alternative Minimum Payment

This only applies to a Provider participating in a Commercial Total Care Program.

The Provider will be eligible to receive the greater of program earned surplus or an alternative minimum payment as defined in their agreement. The Alternative Minimum Payment is dependent on the percentage of points earned under the Quality Program.

If Provider Actual Expense Per Member Per Month (PMPM) is at least 7.5% lower cost than Benchmark Actual Expense PMPM in the year prior to the Accounting Period, then Provider will be eligible to receive the greater of Total Care Program Earned Surplus or Alternative Minimum Payment. Alternative Minimum Payment is dependent on the percentage of points earned under the Quality Program as indicated in Table 2 below.

Alternative Minimum Payment

TABLE 2: ALTERNATIVE MINIMUM PAYMENT		
Range of % of points Earned	7.5%+ more Cost Effective PMPM	10.0%+ more Cost Effective PMPM
80% -100%	\$4.00	\$8.00
65%-79%	\$3.60	\$7.20
50%-64%	\$3.20	\$6.40
40%-49%	\$2.80	\$5.60
30%-39%	\$2.40	\$4.80
20%-29%	\$2.00	\$4.00
0%-19%		

Calculating Alternative Minimum Payment

Note: All sample calculations are intended for example purposes only and do not constitute Provider's expected Alternative Minimum Payment results.

The following illustrates the Alternative Minimum Payment for three sample scenarios.

Example 1

- Provider prior year Actual Expense PMPM is \$350.
- Benchmark prior year Actual Expense PMPM is \$375.
- Prior Year cost status is measured as 1 - $[\$350 / \$375] = 6.7\%$.

Outcome: Provider was not at least 7.5% lower cost than the Benchmark in prior year. Accounting Period Settlement is equal to the Total Care Program Earned Surplus.

Example 2

- Provider prior year Actual Expense PMPM is \$345.
- Benchmark prior year Actual Expense PMPM is \$375.
- Prior Year cost status is measured as $1 - [\$345 / \$375] = 8.0\%$.

Provider earned 50% of Quality Program points in the current Accounting Period. According to Table 2: Alternative Minimum Payment, Provider is eligible for \$3.20 PMPM Alternative Minimum Payment in current Accounting Period.

Current Accounting Period Attributed Member Months is equal to 24,000.

Current Accounting Period Alternative Minimum Payment = $\$3.20 * 24,000 = \$76,800$.

Provider Current Accounting Period Total Care Program Earned Surplus = \$100,000.

Accounting Period Settlement = $\max (\$76,800 \text{ and } \$100,000) = \$100,000$.

Example 3

- Provider prior year Actual Expense PMPM is \$335.
- Benchmark prior year Actual Expense PMPM is \$375.
- Prior Year cost status is measured as $1 - [\$335 / \$375] = 10.7\%$.

Provider earned 66% of Quality Program points in the current Accounting Period. According to Table 2: Alternative Minimum Payment, Provider is eligible for \$7.20 PMPM Alternative Minimum Payment in current Accounting Period.

Current Accounting Period Attributed Member Months is equal to 24,000.

Current Accounting Period Alternative Minimum Payment = $\$7.20 * 24,000 = \$172,800$.

Provider Current Accounting Period Total Care Program Earned Surplus = \$100,000.

Accounting Period Settlement = $\max (\$172,800 \text{ and } \$100,000) = \$172,800$.