Alabama Coordinated Health Network (ACHN)

Wednesday, October 14, 2020 -- The webinar will begin at 12:00 p.m. CST

ACHN Provider Profiler Updates: MARA Risk Scoring

Attention!

Please MUTE your phone and computer microphone!

- You will not hear any sound until the webinar begins.
- Use the Chat Box function to type in questions.
- Questions will be answered at the end of the webinar.

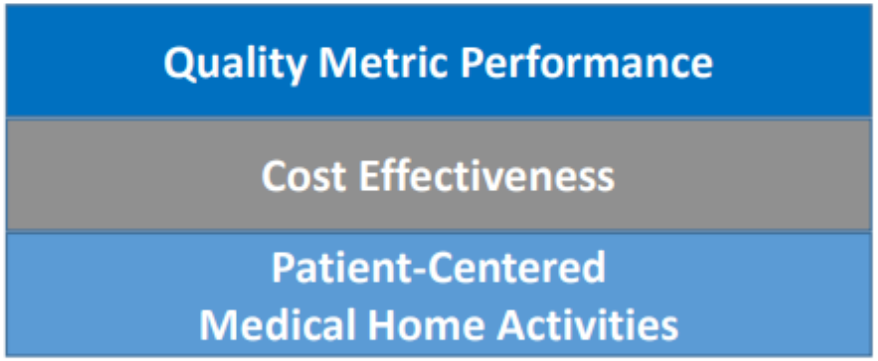
Today's Objectives

- Review of PCP Payment Structure and Timeline
- Review of Attribution and Quality Measures
  - Accessing Provider Profiler Dashboard Reports
- Review of Cost Effectiveness and MARA Methodology Updates
  - Update on changes to MARA Risk scoring methodology
  - Accessing Provider Profiler Dashboard Reports
- Q&A

PCP Payment Structure

BONUS PAYMENTS
This is a Bonus pool in the amount of $15 million annually to fund three Bonus payments for Participating PCP groups.

The Bonus Payment pool is paid quarterly and allotted as follows:
- 50% for Quality
- 45% for Cost Effectiveness
- 5% for PCMH Recognition



Impacted by attribution

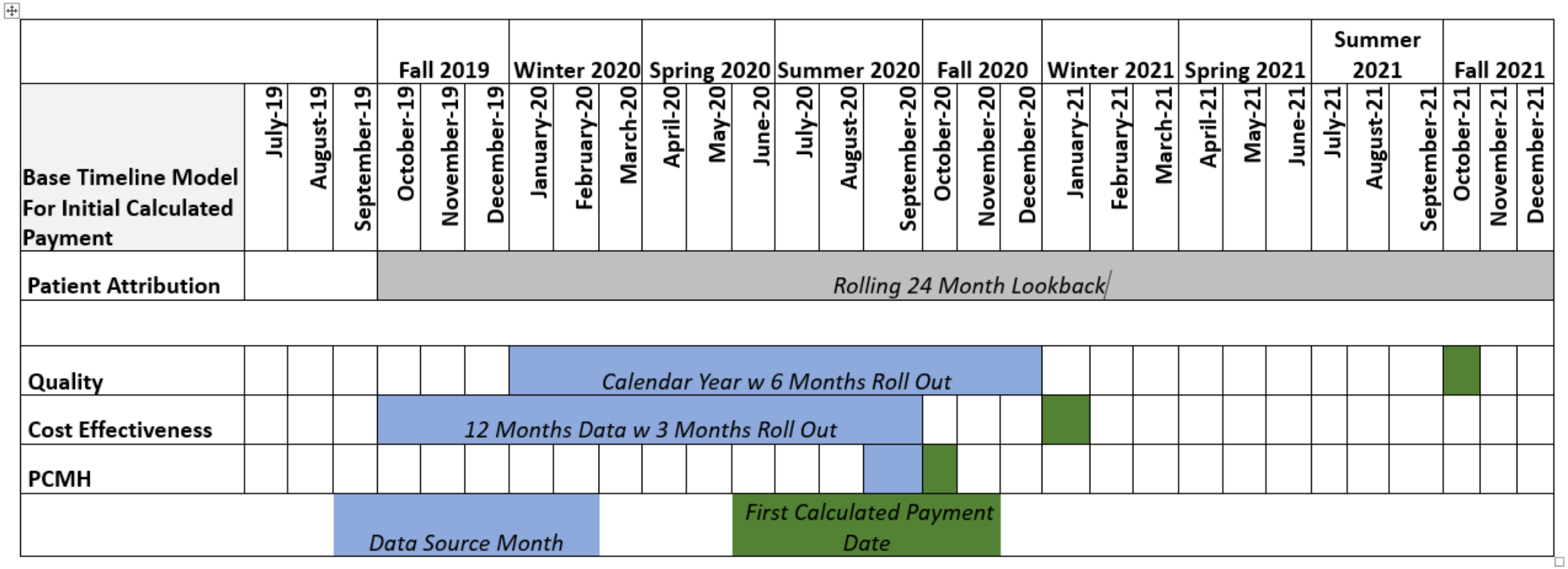
Regional ACHN Participation Payment
Enhanced FFS Rate

Above payments are achievable if physician participates with regional ACHN entity

Base Fee-For-Service – Current FFS schedule for all physicians*

*** Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will *NOT* be eligible for Participation Rates or Bonus Payments.**

PCP Bonus Payment Timeline



Attribution and Quality Measures

Guiding Principles of Attribution Methodology

- Consistency with ACHN's principles of paying for activity.
- Continued emphasis on care coordination and health outcomes with a focus on preventative care.
- Acknowledgement that some recipients require specialist care.
- Evaluation of activities at the group level.

Attribution Overview

- Attribution is the process that is used to associate a Medicaid recipient to the PCP Group that provides primary care to that recipient.
    - PCP Groups must sign the two agreements (one with Medicaid, one with an ACHN entity) to participate.
- Under the ACHN Program, Medicaid recipients are attributed to PCP Groups based on historical claims data utilization.
- PCPs are encouraged to continue seeing patients, as medically necessary, on a consistent basis to increase the likelihood of attribution.
- Attribution is a critical factor in determining distribution of bonus payments among eligible providers.
- Attribution replaced panel assignments. Under ACHN, the Patient 1st program ceased to exist and capitation payments were no longer paid, as of September 30, 2019.
    - A smaller number of attributed members compared to members in the previous panel does not necessarily equate to a reduced payment.

Guiding Principles for Quality Metrics

- The Centers for Medicare and Medicaid Services (CMS) collects quality measure data from all 50 states in an effort to strengthen quality of care and health outcomes.
- Specifications for adult and child core set measures are released annually by Health & Human Services.
- All measures are nationally validated and have standard specifications.
- The ACHN benchmarks are based on quality performance scores as reported by the various states and are adjusted as necessary.
- Benchmarks are posted at www.Medicaid.Alabama.gov and will be updated on an annual basis.
- The primary focus is measurable attainable improvement in healthcare outcomes.
- To qualify for quality bonus payments, PCP groups must achieve a quality score of 50% or higher (i.e., meet targets for at least half of applicable quality measures).

Provider Quality Measures - Child

8 Provider Quality Measures

4 Child Quality Measures

W34-CH: Well-Child Visits in the 3rd, 4th, 5th, and 6th years of Life

AWC-CH: Adolescent Well-Care Visits

CIS-CH: Childhood Immunization Status - Combination 3

IMA-CH: Immunization For Adolescents - Combination 2

Provider Quality Measures - Adult

8 Provider Quality Measures

4 Adult Quality Measures

AMM-AD: Antidepressant Medication Management - Continuation Phase

HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1C (HBA1C) Testing

FUA-AD: Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

CHL-AD: Chlamydia Screening in Women Ages 21–24

Timeline of Quality Measurement Periods used for Quality Measure Profiler Reports

Provider Profiler Quality Measure Scorecard (MGD-S362-Q) and Provider Profiler Supplemental Member Summary, Quality Measures Report Card (MGD-M362-Q) Timeline	Q1, FY21 (Oct - Dec 2020)	Q2, FY21 (Jan - Mar 2021)	Q3, FY21 (April - June 2021)	Q4, FY21 (July - Sept 2021)	Q1, FY22 (Oct - Dec 2021)	Q2, FY22 (Jan - Mar 2022)	Q3, FY22 (April - June 2022)	Q4, FY22 (July - Sept 2022)	Q1, FY23 (Oct - Dec 2022)	Q2, FY23 (Jan - Mar 2023)	Q3, FY23 (April - June 2023)	Q4, FY23 (July - Sept 2023)
Timeline of Quality Measures Used for MGD-S362-Q and MGD-M362-Q Reports	CY2019	CY2019	CY2019	CY2019	CY2020	CY2020	CY2020	CY2020	CY2021	CY2021	CY2021	CY2021

Provider Profiler Dashboard Reports

1. Provider Profiler Quality Measure Scorecard: MGD-S362-Q Report (this is a summary level report that illustrates your current scoring)

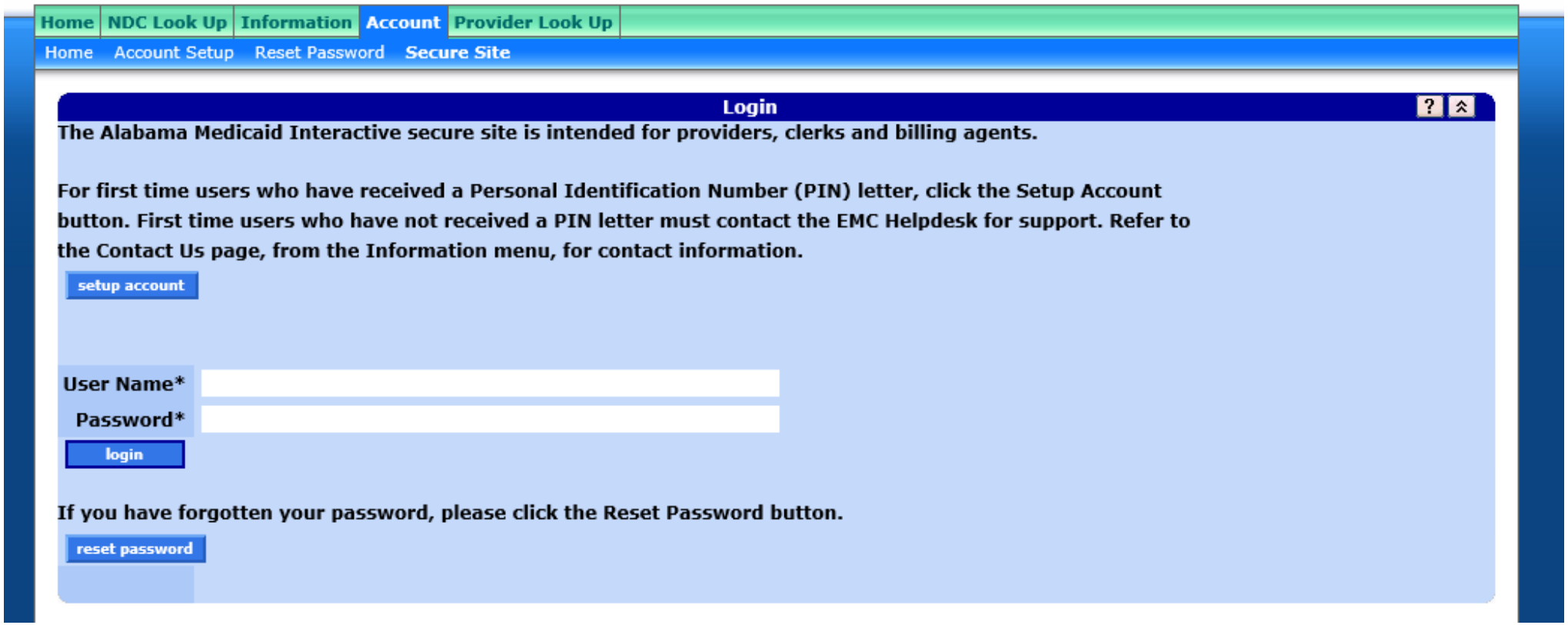
2. Provider Profiler Supplemental Member Summary File – Quality Measures: MGD-M362-Q Report (this is a report that reveals how each individual affects your score)

3. Provider Profiler Cost Effectiveness Scorecard: MGD-S364-Q Report (this is a summary level report that illustrates your current scoring)

4. Provider Profiler Supplemental Member Summary File – Cost Effectiveness: MGD-M364-Q Report (this is a report that reveals how each individual affects your score)

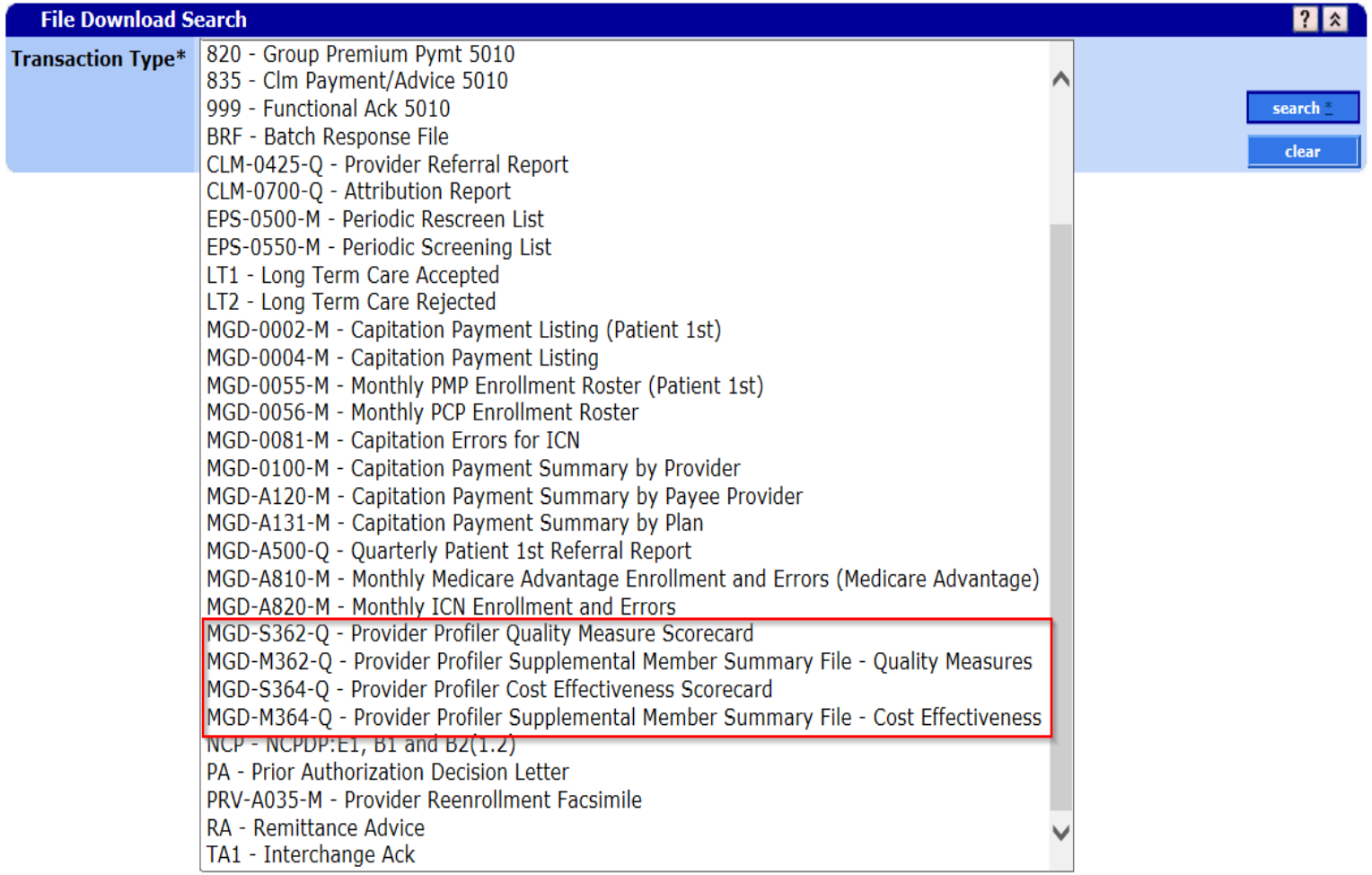
Accessing Provider Profiler Reports through the Provider Web Portal

- **Web Portal Link :** https://www.medicaid.alabamaservices.org/ALPortal/
- To access the login panel click Account and then click Secure Site

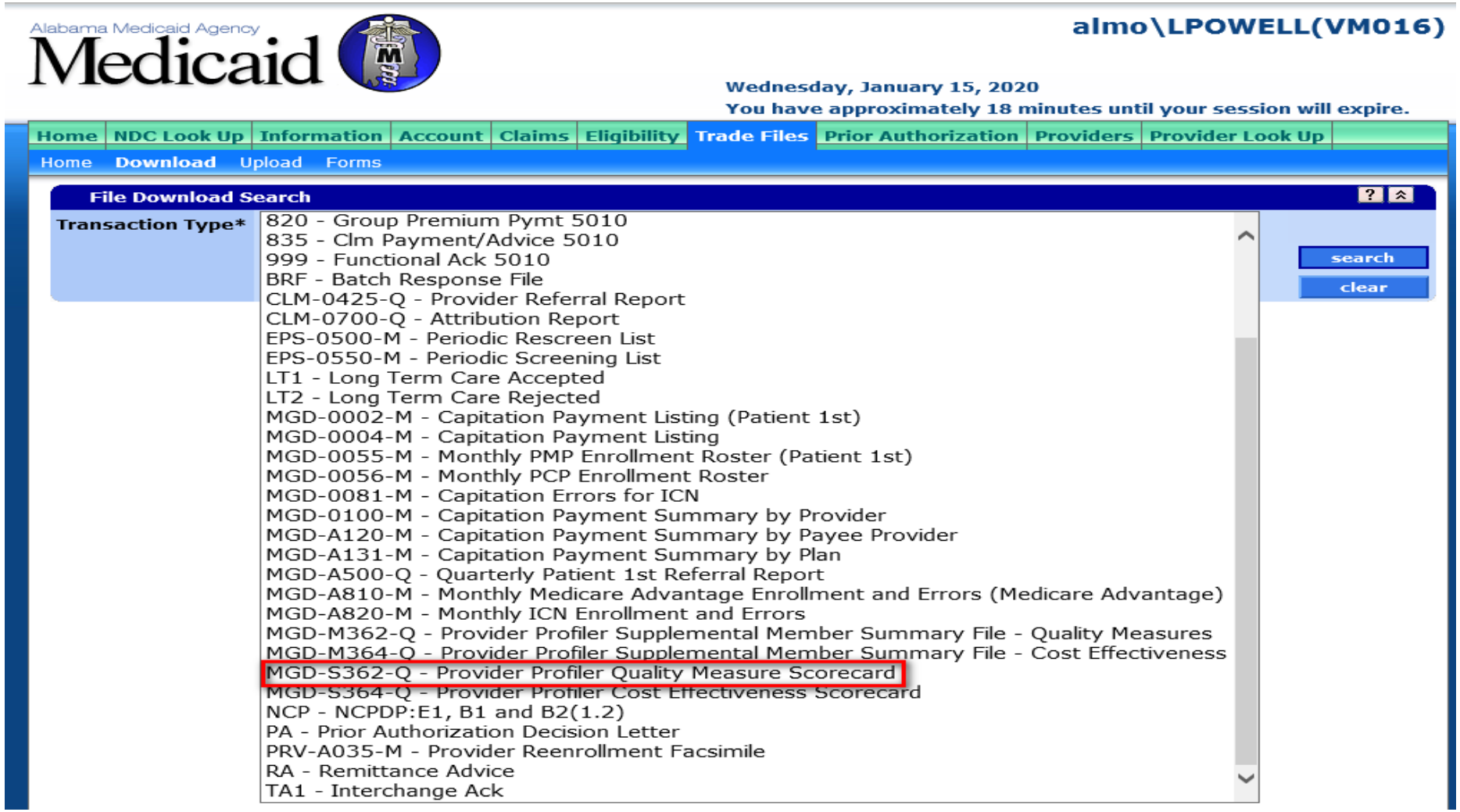


Accessing Provider Portal, Cont.

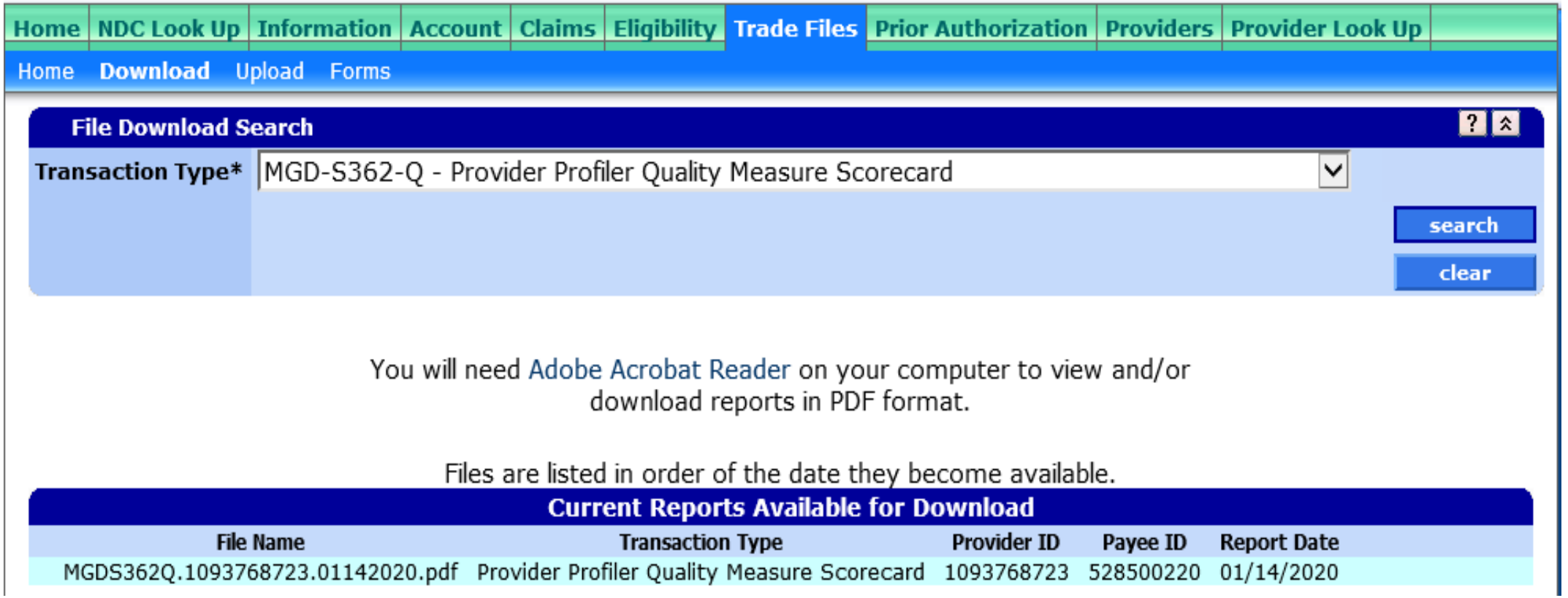
- Click on Trade Files Tab and Download Options



Provider Portal showing MGD-S362-Q in drop down list



MGD-S362-Q report download from the Web Portal



Provider Profiler – Quality Measures Summary Scorecard

Report : MGD-S362-Q
Process : MGDS362Q
Location: MGDS362Q

ALABAMA MEDICAID AGENCY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER PROFILER QUALITY MEASURE SCORECARD
REPORT PERIOD: 01/01/2020 - 03/31/2020

Run Date: 01/21/2020
Run Time: 09:17:15
Page: 1

PROVIDER (NPI:MCD:NAME): 009999999 : 999999900 : ABC PROVIDERS PC

The ACTUAL bonus payments for this quarter are based solely on provider attribution. The CALCULATED Provider Quality bonus payments begin in July 2021. The ESTIMATED bonus payment shown in the scorecard below is projected based on Quality Measures for this quarter and are shared for illustrative purposes only. This dashboard is designed to provide guidance for attainment of future bonus calculations. Quality Measure scores are based on attributed recipients for this quarter and calculated using calendar year 2018 as the measurement period.

Total Number of Attributed ACHN Members:	497,211
Attributed Members in Groups Meeting Quality Score Minimum:	287,046
Members Attributed to PCP Group in Quarter:	769
Quarterly Bonus Amount:	$5,249.59

PCP QUALITY BONUS PAYMENT SCORECARD

	Measure	Numerator	Denominator	Quality Score	Baseline	Benchmark	Improvement Needed	Meets Target
PEDIATRIC MEASURES	W34-CH	51	65	78.5%	61.1%	66.7%	-11.8%	Yes
	AWC-CH	21	31	67.7%	43.0%	45.0%	-22.7%	Yes
	CIS-CH	12	25	48.0%	70.5%	74.0%	26.0%	No
	IMA-CH	2	6	33.3%	20.4%	24.6%	-8.7%	Yes
ADULT MEASURES	AMM-AD	0	0	0.0%	29.6%	37.1%	0.0%	N/A
	HA1C-AD	0	0	0.0%	73.4%	83.3%	0.0%	N/A
	FUA-AD	0	0	0.0%	11.4%	12.4%	0.0%	N/A
	CHL-AD	0	0	0.0%	9.7%	54.3%	0.0%	N/A

Provider Quality Measures Legend

W34-CH	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
AWC-CH	Adolescent Well Care Visits
CIS-CH	Childhood Immunization Status (Combo 3)
IMA-CH	Immunization for Adolescents (Combo 2)
AMM-AD	Antidepressant Medication Management - Continuation Phase (6 months)
HA1C-AD	Comprehensive Diabetes Care: Hemoglobin A1C (HbA1C) Testing
FUA-AD	Follow-Up after Emergency Department Visit for Alcohol or other drug abuse or Dependence (30 Days)
CHL-AD	Chlamydia Screening in Women Ages 21 - 24

QUALITY BONUS PAYMENT CALCULATION METHODOLOGY STEPS

$1,875,000	Quarterly Quality Bonus Payment Pool
50%	Minimum Quality Metric for Bonus (a)
769	Members Attributed (b)
0.15%.	Distribution of Attributed Members (c)
75.00%	Quality Score (d)
0.27%	Distribution of Attributed Members for Groups Meeting Quality Metric Minimum (e)
0.27%	Bonus Distribution Rate before normalization (f)
0.28%	Normalized Bonus Distribution Rate (g)
$5,249.59	Quality Bonus Distribution (h)

Methodology:
(a) - Represents the minimum ratio of applicable quality metrics met
(b) - Represents the members attributed to the PCP group in the quarter
(c) - Represents the distribution of members in each PCP Group compared to the total ACHN attributed members
(d) - Represents members attributed to PCP Group in the quarter who met the minimum quality metric
(e) - Represents the distribution of members in each PCP Group who met the minimum quality metric
(f) - Bonus Distribution by PCP group before normalization
(calculated by multiplying the Quality Score and member distribution in groups meeting minimum quality metric)

Provider Profiler – Quality Measures Recipient Level Detail

Report : MGD-M362-Q
Process : MGDM362Q
Location: MGDM362Q

ALABAMA MEDICAID AGENCY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER PROFILER SUPPLEMENTAL MEMBER SUMMARY FILE - QUALITY MEASURES
REPORT PERIOD: 01/01/2020 - 03/31/2020

Run Date: 01/21/2020
Run Time: 08:55:00
Page: 1

PROVIDER (NPI:MCD:NAME): 9999999999 : 999999999 : XYZ MEDICAL ASSOCIATES PC

MEMBERS ATTRIBUTED IN QUARTER: 23

MEDICAID ID	BIRTH DATE	W34-CH		AWC-CH		CIS-CH		IMA-CH		AMM-AD		HA1C-AD		FUA-AD		CHL-AD	
		N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D
00000000001	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
00000000002	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000003	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0
00000000004	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000005	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
00000000006	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
00000000007	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0
00000000009	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
00000000010	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000011	XX/XX/XXXX	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
00000000012	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0
00000000013	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000014	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000015	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
00000000016	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
00000000017	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000018	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000019	XX/XX/XXXX	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
00000000020	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000021	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000022	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000023	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
00000000024	XX/XX/XXXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

TOTALS	Measure	NUMERATOR	DENOMINATOR	Measure	NUMERATOR	DENOMINATOR
	W34-CH	0	0	AMM-CH	0	3
	AWC-CH	1	2	HAC-CH	9	9
	CIS-CH	0	0	FUA-CH	0	0
	IMA-CH	0	0	CHL-CH	0	0

In the column headings, N=NUMERATOR, D=DENOMINATOR.
Value '1' in the numerator and/or denominator indicates that the recipient met the criteria for the specific Quality Measure.
Value '0' in the numerator and/or denominator indicates that the recipient did not meet the criteria for the Quality Measure.
Values above '1' in the numerator and/or denominator is applicable only to FUA-AD measure,
which indicates a count of follow-up visits (e.g. a value of '3' equals '3' visits).

Provider Quality Measures Legend:

W34-CH	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
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CIS-CH	Childhood Immunization Status (Combo 3)
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CHL-AD	Chlamydia Screening in Women Ages 21 - 24

** End of Report **

Cost Effectiveness and Updates to MARA Risk Scoring Methodology

Guiding Principles for Cost Effectiveness

- Consistency with ACHN's principles of paying for activity with a focus on preventative care and health outcomes.
- Acknowledgement that risk levels vary across practices.
- Results are risk-adjusted, using validated methodologies.
- Evaluation of activities at the group level.

Cost Effectiveness Overview

- All participating PCP groups will be eligible for a performance payment if the PCP group meets or exceeds the cost effectiveness criteria established by Medicaid.
- Medicaid utilizes Milliman Advanced Risk Adjusters (MARA) software to assess the cost risks of the ACHN population and apply a customized algorithm to calculate a Cost Effectiveness score for each participating PCP group.
- To qualify for the Cost Effectiveness bonus, PCP groups must have a score less than or equal to the statewide median Cost Effectiveness score.
- Cost Effectiveness scores incorporate the following:
  1. Overall average risk of a PCP group's attributed recipients;
  2. Overall per member per month (PMPM) cost of a PCP group's attributed recipients; and
  3. Overall PMPM cost of the statewide attributed ACHN population.
- Actual PMPM costs are compared to risk-adjusted, expected PMPM costs to determine a PCP group score.

Cost Effectiveness Calculations

- Compares a 12-month per member per month (PMPM) to a risk-adjusted expected PMPM.
- Groups ranked by a Cost Effectiveness score that is derived from actual PMPM versus the expected PMPM. ($Actual\ PMPM / Expected\ PMPM$)
- Bonus payment is paid for PCP groups at or below the median Cost Effectiveness score.
- Cost Effectiveness calculation includes a PMPM calculation for the state-wide attributed ACHN population.
  - Cost Effectiveness calculation excludes certain costs (e.g., Network entity case management costs, other bonus payments, waiver costs, drug rebates, etc.).

MARA Risk Scoring

- Risk scores are standardized metrics used to evaluate a member's previous health experience and/or to predict health outcomes.
- Medicaid utilizes software developed by MARA for these calculations. Several statistical models are employed for these processes.
    - MARA = Milliman Advanced Risk Adjusters
- Medicaid utilizes multiple risk scores for ACHN Processes.
    - **Prospective Risk Scores** – which predicts *future* risk given the past year's claims experience, used for Care Coordination.
    - **Concurrent Risk Scores** – provides a singular, standardized, expected risk score given the past year's claim experience, used for Cost Effectiveness Bonus Calculations.

**All information pertains to the 12 month period with 3 month rollout referenced previously

Member Information

- Member ID
- Date of Birth
- Gender
- Eligibility Months

Claim Information

- Member ID
- Claim ID
- First Date of Service
- Last Date of Service
- Paid Date
- Diagnosis Code
- Diagnosis Sequence
- Diagnosis Version
- Procedure Code
- Revenue Code
- Provider ID
- Provider Type
- Place of Service
- Billed Amount
- Allowed Amount
- Paid Amount

Prescription Information

- Member ID
- NDC Code
- Claim ID
- Fill Date
- Provider ID
- Billed Amount
- Allowed Amount
- Paid Amount
- Days Supplied
- Quantity Dispensed

INPUTS

Milliman Advanced Risk Adjusters Model

OUTPUT

Total Score

**All information pertains to the 12 month period with 3 month rollout referenced previously

Member Information

- Member ID
- Date of Birth
- Gender
- Eligibility Months

Claim Information

- Member ID
- Claim ID
- First Date of Service
- Last Date of Service
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- Diagnosis Code
- Diagnosis Sequence
- Diagnosis Version
- Procedure Code
- Revenue Code
- Provider ID
- Provider Type
- Place of Service
- Billed Amount
- Allowed Amount
- Paid Amount

Prescription Information

- Member ID
- NDC Code
- Claim ID
- Fill Date
- Provider ID
- Billed Amount
- Allowed Amount
- Paid Amount
- Days Supplied
- Quantity Dispensed

INPUTS

Milliman Advanced Risk Adjusters Model *Version 4*

OUTPUT

Total Score

October 2020

Changes in MARA Version 4

- Total Model Recalibration – more recent data sets included, including more Medicaid data sets as they developed, tested, and deployed the new model.
- Adjustments to the age and gender baseline models.
- Further inclusion of lifestyle and social determinants of health claims.
- A patch has recently been released to include COVID 19 diagnosis *and* COVID 19 likely diagnosis.
  - These patches regularly update the model's use of NDC codes. For instance, the change from version 3 to version 4 also included 6,442 new NDC codes.

Changes in MARA Version 4

- The average risk scores of MARA version 4 are slightly lower than MARA version 3.

	Concurrent		Prospective	
	MARAv3	MARAv4	MARAv3	MARAv4
September-19	1.31	1.19	1.09	1.03
October-19	1.31	1.22	1.09	1.08
November-19	1.34	1.21	1.11	1.04
December-19	1.31	1.20	1.07	1.15
January-20	1.32	1.18	1.09	1.00
February-20	1.34	1.20	1.10	1.01
March-20	1.36	1.21	1.12	0.98
April-20	1.38	1.22	1.12	0.98
May-20	1.35	1.20	1.10	0.97
June-20	1.33	1.17	1.08	0.93

Changes in MARA Version 4

- Milliman has also suggested that we normalize the risk score specifically to the ACHN population for the cost effectiveness calculations. In doing so, Medicaid can more accurately compare provider groups.
    - Raw risk scores describe PMPM (ex. A risk score of 1 expects the statewide PMPM, and a risk score of 2 expects twice the statewide PMPM.)
    - Normalized risk scores describe PMPMs within groups (ex. ACHN vs all AL Medicaid enrollees). Normalization will standardize the scale of comparison between provider groups. (ex. A *normalized* average group risk score of 3.75 means your group risk score is 3.75 times higher than the average risk score (1) for ACHN provider groups.)
- Provider group risk scores will seem higher. So will efficiency scores. The statewide median will also be higher.
- There will be more providers with an efficiency score above 1.

Cost Effectiveness Provider Scorecard

PROVIDER (NPI:MCD:NAME): 9999999999 : 999999999 : XYZ MEDICAL ASSOCIATES PC

The ACTUAL bonus payments for this quarter are based solely on provider attribution. The CALCULATED Provider Cost Effectiveness bonus payments begin in January 2021. The ESTIMATED bonus payment shown in the scorecard below is projected based on Cost Effectiveness Measures for this quarter and are shared for illustrative purposes only. This dashboard is designed to provide guidance for attainment of future bonus calculations. Cost Effectiveness scores are based on attributed recipients for this quart and calculated using claims data from 10/01/2018 to 09/30/2019 as the measurement period.

TOTAL NUMBER OF ATTRIBUTED ACHN MEMBERS:	501,057
ATTRIBUTED MEMBERS IN GROUPS AT OR BELOW MEDIAN THRESHHOLD:	358,562
MEMBERS ATTRIBUTED TO PCP GROUP IN QUARTER:	23
COST EFFECTIVENESS BONUS:	108.24

PCP Cost Effectiveness Bonus Payment Scorecard - Cost Effectiveness Metrics

Service Type	PMPM	State-wide PMPM		
Inpatient	$112	$69	Practice Risk Score	4.43
Outpatient	$33	$15	Expected PMPM	$1,277
Mental Health	$4	$12	Cost Effectiveness Score	0.61
Pharmacy	$465	$81	Median Threshold	0.74
Physician	$110	$50	Below Median	Yes
Other	$59	$58		
TOTAL	$785	$288		

COST EFFECTIVENESS BONUS PAYMENT CALCULATION METHODOLOGY STEPS

$1,687,500	Quarterly Cost Effectiveness Bonus Payment
0.74	Median Threshold (a)
23	Members Attributed (b)
0.00%	Distribution of Attributed Members (c)
0.01%	Distribution of Attributed Members for Groups below Median Threshold (d)
0.61	Cost Effectiveness Score (e)
0.01%	Bonus Distribution Rate (f)
$108.24	Cost Effectiveness Bonus Distribution (g)

Cost Effectiveness Provider Scorecard

PROVIDER (NPI:MCD:NAME): 9999999999 : 999999999 : XYZ MEDICAL ASSOCIATES PC

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Pharmacy	$465	$81
Physician	$110	$50
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TOTAL	$785	$288

Practice Risk Score	4.43
Expected PMPM	$1,277
Cost Effectiveness Score	0.61
Median Threshold	0.74
Below Median	Yes

Will be Normalized Practice Risk Score

Will be higher than previous reports

COST EFFECTIVENESS BONUS PAYMENT CALCULATION METHODOLOGY STEPS

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References

- Evaluation of Risk Models
  - Accuracy of Claims-Based Risk Scoring Models, Society of Actuaries (2016). Geof Hileman, Spenser Steele
  - Milliman Advanced Risk Adjusters, "A Better Choice for Medicaid Population Health", Milliman, 2019, Shannon Currier, Erica Rode
    - *Alabama Medicaid uses the Claims & Prescription regularized regression.*
- MARA Brochure