Best Practice Quality Incentive Program
Calendar Year 2018
United Outstanding Physicians (UOP)

Incentive program criteria
Incentive awards are applicable for physician organizations (PO) contracted to participate in this program. The incentive program has three components. Each is outlined below.

Commercial HEDIS payout
Total potential payout value per PO will be $.50 per member per month (pmpm) based on commercial membership on May 1, 2018. Each measure will be assessed individually. Payouts will be made in Q3 2019 based on the methods below.

Measure	Target for 100% Payout[1]	Target for 50% Payout[2]	Weight (% of total payout)	$ pmpm
Quality Measures	Comm	Comm		
Colorectal Cancer Screening	75%	70%	10%	$0.05
Breast Cancer Screening	81%	80%	10%	$0.05
Diabetes - A1c <8%	67%	51%	10%	$0.05
Diabetes - Eye exam	73%	52%	10%	$0.05
Diabetes - Nephropathy	94%	91%	10%	$0.05
Diabetes - BP < 140/90	80%	43%	10%	$0.05
Preventive - BMI	94%	81%	10%	$0.05
Children/Adolescents BMI	89%	77%	10%	$0.05
Childhood Well Visits (3-6years)	89%	80%	10%	$0.05
Adolescent Well-Care Visits	65%	51%	10%	$0.05

[1]Quality benchmarks for 100% payout are based on NCQA benchmarks (all products, excluding PPO and EPO) for the National 90th percentile in the prior year.
[2]Quality benchmarks for 50% payout are based on HAP administrative-rate in the prior year.

Medicare payout

Total potential payout value per PO will be $1.00 per member per month (pmpm) based on commercial and Medicare membership on May 1, 2018. Payouts will be made in Q3 2019 based on the following methods:

- Overall composite at or above 4.250 = 100% of payout value
- Overall composite at or above 3.750 = 75% of payout value

Measure	Weight	PY 5-Star cut-point	PY 4-Star cut-point	PY 3-Star cut-point	PY 2-Star cut-point
Med. Adherence for Diabetes	3	86%	81%	78%	72%
Med. Adherence for Cholesterol (Statins)	3	85%	80%	76%	66%
Med. Adherence for Hypertension	3	85%	82%	78%	74%
Plan All-Cause Readmissions	3	6%	9%	11%	18%
Diabetes - A1c <9%	3	80%	73%	64%	40%
Colorectal Cancer Screening	1	80%	72%	63%	54%
Breast Cancer Screening	1	84%	78%	70%	56%
Diabetes - Eye exam	1	81%	72%	59%	47%
Diabetes - Nephropathy	1	98%	96%	94%	92%
Preventive - BMI	1	98%	94%	81%	72%
Osteoporosis Management	1	71%	52%	42%	24%
Rheumatoid Arthritis Management	1	86%	78%	72%	65%
Statin Use in Persons with Diabetes	1	77%[1]	N/A	N/A	N/A
Statin Therapy for Patients with Cardiovascular Disease	1	77%[1]	N/A	N/A	N/A
Hospitalization for Potentially Preventable Complications	1	43 per 1,000[1]	N/A	N/A	N/A
Total Weight	**25**				

[1] No prior cut-points available. Target utilizes CMS-reported national average for CY 2016. For the Hospitalization for Potentially Preventable Complications measure, lower is better.

A composite score to determine payout potential will be calculated by multiplying each measure weight by the star cut-point achieved and dividing the additive total by the total weight of 25. For measures with less than 30 members within the applicable population, the total weight will be removed in calculating the composite. To obtain a total composite score, a minimum of 8 measures must be scored.

Data

Baseline data will be generated from administrative data for each PO using YTD performance for 2017 as of April 1, 2018. Final administrative performance will be based on YTD performance for 2018 as of April 1, 2019.

Reporting

Data will be provided monthly via the PO quality measures reports to show individual PO performance.

Efficiency measures payout

To be eligible for the efficiency measure payout, the PO's medical loss ratio must be below HAP's benchmark. For 2018, HAP's benchmark is 88 percent. Details of the payout are outlined below.

- Total potential payout value per PO will be $.50 per member per month (pmpm) based on commercial membership on May 1, 2018.
- Each measure will be assessed individually.
- Payouts will be made in Q3 2019 based on the following methods:
  - Hit benchmark = 100% of payout value
  - Incremental improvement of 5-9% = 50% of potential payout
  - Incremental improvement of 10% = 100% of potential payout
- Continued participation in MIHN is encouraged. If not participating with MIHN, actively working towards a plan in 2018 that will be shared with HAP.

Efficiency Measure	Benchmark*	Payout
Admissions/1000	56	$0.25
ER visits/1000	135	$0.25

*Benchmarks are the 2016 Milliman moderately managed benchmarks.

Data

Baseline data will be generated from administrative data for each PO using YTD performance for 2017 as of April 1, 2018. Final performance will be based on YTD performance for 2018 as of April 1, 2019.

Reporting

Data will be provided monthly.