



Top Takeaways from the August 2017 CHN Committee Meetings

Final Blue KC 2016 Performance Based Incentive Results – Estimated Annualized Incentive of ~\$1.5 Million!

2016 Blue KC performance incentive results have been finalized.

See Appendix A to view your practice's updated Blue KC 2016 quality and cost performance results.

Current 2017 Blue KC Quality Performance Results – Use Results to Tailor Your Practice's Quality Improvement Strategy for the Remainder of 2017

Blue KC quality performance results for the rolling year from July 2016 through June 2017 are now available. The report is based on a rolling year to estimate where your practice's performance may be at the end of 2017.

Action Requested: Review this report to see where your practice may want to focus your quality improvement efforts to increase 1 or more measures above goal.

Consider working with CHN Patient Centered Medical Home and/or Provider Relations representatives to evaluate potential tactics for improvement.

See Appendix B to view your practice's Blue KC July 2016 through June 2017 quality performance results.

Understanding Risk Adjustment – What it is, Why is it Important, and How to Influence to Improve Your Practice's Risk Adjusted Cost Performance!



Why is Risk Adjustment Important?

Our network's cost performance within value-based agreements is dependent on risk adjusted cost.

$$\text{Risk Adjusted Cost} = \frac{\text{Total Cost}}{\text{Risk Score}}$$

A higher risk score (i.e. more medical complexity) lowers your risk adjusted cost.



How Can I Influence My Practice's Risk Score to Ensure It Appropriately Reflects the Risk of My Patients?

Ensure your risk score is accurate by coding all diagnoses managed during your clinic visits.

Risk scores are based exclusively on diagnoses included on claims. Problem list diagnoses are not included.

See Appendix C to View a 1-Page Summary of Understanding Risk Adjustment.

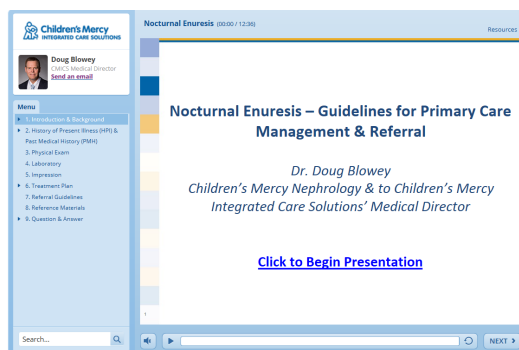
Risk adjustment is the first topic of a series of topics on how our network can influence and improve risk adjusted cost performance.

New Specialty Spotlight Webinars & 1-Page Clinic Visit Templates Available on Demand

Specialty spotlight webinars are now available! Each webinar is structured as short 10-20 minute presentations based on a "PCP visit template" to educate and address common questions in diagnosing, treating, managing, and referring patients with particular conditions. Current topics available include Nocturnal Enuresis and Back Pain (Limp coming soon).

Access webinars and 1-page clinic visit template at: <https://www.cmics.org/chn/PediatricSpecialtyPublic.aspx>

TIP:
Bookmark/
Favorite this
site to easily
access via
mobile phone
or computer



Nocturnal Enuresis Clinic Visit Template

CHIEF COMPLAINT: Bedwetting

History of Present Illness (HPI):

Onset: Primary / Secondary
Pattern: Nightly / ___ Days Per Week / ___ Days Per Month
Interventions: Fluid Restriction / Night Awakening / Alarm System / DDAVP / Other _____
Details: _____
Constipation: Yes / No
Daytime Voiding Pattern: Normal / Urgency / Frequency / Posturing / Dribbling / Accidents
UTI's: Yes / No

Past Medical History (PMH):

Comorbid Conditions: Diabetes Mellitus / OSA or Snoring / Developmental Delay / Behavioral Disorder / Other _____
Medications: Drugs that Might Cause Enuresis (Diuretics / Melatonin / Clonidine / Antipsychotics)



[Click to Access Prior Monthly CHN Committee Takeaways](#)

Questions or Comments? Please ask your Children's Health Network committee member representative or contact Children's Health Network staff at ProviderRelations@cmpcn.org.

Appendix A

Children's Health Network - Blue KC BDTC Quality & Cost Performance (2016 PBI Model Performance)

Last Updated: 08/22/2017



		PCMH / Patient Experience Measures (8)																												
CHN Practice	15 Mo Well	3-6 Well	12-18 Well	BMI*	HPV	URI	CHN Att	Meetings	PCMH- Care Plans	Referrals	Patient Experience	Quality Score	% Quality Score	Quality Tier	Quality Tier Change (vs. June '17 Report)	Total Allowed PMPM	Risk Score	Total Risk Adjusted PMPM	Cost Tier	Cost Tier Change (vs. June '17 Report)	PBI Multiple	Change in PBI Multiplier	# of Blue KC Att. Patients	Estimated Annualized PBI \$	Est. Change in Annual PBI \$	Estimated Annualized Max PBI \$				
Cass County	NA	82%	74%	61%	NA	NA	81%	No (1)	Yes (1)	No (2)	Yes (4)	8 / 11	73%	Tier 2	Same Tier	\$ 226.11	0.96	\$ 235.53	Tier 1	Up 2 Tiers	2.75	1.00	530	\$ 20,581	\$ 7,484	\$ 29,936				
Children's Mercy	NA	77%	55%	16%	21%	NA	88%	NA	NA	NA	NA	3 / 4	75%	Tier 2	Same Tier	\$ 454.76	1.65	\$ 274.86	Tier 2	Up 1 Tiers	2.25	0.75	1,401	\$ 43,295	\$ 14,432	\$ 76,969				
Cradle Thru College	NA	83%	72%	61%	9%	9.5%	94%	NA	NA	NA	NA	4 / 5	80%	Tier 1	Same Tier	\$ 243.40	0.78	\$ 312.05	Tier 3	Same Tier	2.50	-	1,530	\$ 61,416	\$ -	\$ 98,266				
Health Care for Children	87%	73%	47%	16%	2%	22.4%	81%	NA	NA	NA	NA	2 / 6	33%	Tier 4	Same Tier	\$ 244.56	0.81	\$ 301.93	Tier 3	Same Tier	0.50	-	2,167	\$ 16,282	\$ -	\$ 130,254				
Independence & Lee's Summit Peds	53%	74%	53%	10%	9%	14.7%	100%	NA	NA	NA	NA	2 / 6	33%	Tier 4	Same Tier	\$ 195.30	0.70	\$ 279.01	Tier 2	Same Tier	1.00	-	1,390	\$ 17,205	\$ -	\$ 68,821				
Johnson County Peds	88%	93%	82%	70%	11%	13.6%	100%	NA	NA	NA	NA	4 / 6	67%	Tier 2	Same Tier	\$ 251.88	1.02	\$ 246.94	Tier 2	Same Tier	2.25	-	3,265	\$ 144,525	\$ -	\$ 256,933				
Meritas Health Pediatrics **	79%	79%	71%	31%	5%	8.3%	81%	NA	NA	NA	NA	3 / 6	50%	Tier 3	Same Tier	\$ 244.86	0.82	\$ 298.61	Tier 3	Same Tier	1.25	-	1,414	\$ 28,952	\$ -	\$ 92,646				
Pediatric Associates	90%	86%	75%	50%	6%	6.9%	94%	NA	NA	NA	NA	5 / 6	83%	Tier 1	Same Tier	\$ 230.97	0.94	\$ 246.12	Tier 2	Down 1 Tier	3.00	(1.00)	5,780	\$ 312,402	\$ (104,134)	\$ 416,536				
Pediatric Care North	91%	87%	78%	54%	14%	5.6%	88%	NA	NA	NA	NA	5 / 6	83%	Tier 1	Same Tier	\$ 238.43	0.85	\$ 280.51	Tier 2	Same Tier	3.00	-	3,675	\$ 177,304	\$ -	\$ 236,405				
Pediatric Care Specialists	92%	90%	79%	30%	2%	9.2%	75%	NA	NA	NA	NA	5 / 6	83%	Tier 1	Up 1 Tier	\$ 252.86	0.82	\$ 308.37	Tier 3	Up 1 Tier	2.50	1.00	4,053	\$ 152,346	\$ 60,938	\$ 243,753				
Pediatric Partners	98%	92%	82%	38%	18%	7.3%	100%	NA	NA	NA	NA	6 / 6	100%	Tier 1	Same tier	\$ 283.14	0.87	\$ 325.44	Tier 4	Same Tier	2.00	-	2,281	\$ 71,844	\$ -	\$ 143,688				
Pediatric Professional Association	91%	93%	84%	48%	13%	7.5%	100%	NA	NA	NA	NA	5 / 6	83%	Tier 1	Same tier	\$ 247.27	0.80	\$ 309.09	Tier 3	Down 1 Tier	2.50	(0.50)	2,504	\$ 102,728	\$ (20,546)	\$ 164,364				
Preferred Pediatrics	NA	66%	50%	50%	NA	NA	94%	No (1)	Yes (1)	Yes (2)	Yes (4)	9 / 11	82%	Tier 1	Same tier	\$ 263.23	0.83	\$ 317.14	Tier 4	Same Tier	2.00	-	169	\$ 5,006	\$ -	\$ 10,011				
Shawnee Mission Pediatrics	94%	91%	77%	22%	0%	14.4%	88%	NA	NA	NA	NA	4 / 6	67%	Tier 2	Up 1 Tier	\$ 249.67	0.81	\$ 308.23	Tier 3	Same Tier	1.75	0.50	3,171	\$ 77,623	\$ 22,178	\$ 177,424				
Summit Pediatrics	90%	79%	60%	74%	19%	NA	81%	NA	NA	NA	NA	4 / 5	80%	Tier 1	Same tier	\$ 274.56	1.15	\$ 238.75	Tier 1	Same Tier	4.00	-	1,450	\$ 119,184	\$ -	\$ 119,184				
Tenney Pediatrics	NA	67%	57%	4%	NA	NA	55%	No (1)	Yes (1)	Yes (2)	Yes (4)	8 / 11	73%	Tier 2	Same tier	\$ 176.79	0.68	\$ 259.98	Tier 2	Same Tier	2.25	-	599	\$ 15,188	\$ -	\$ 27,000				
Village Pediatrics	91%	88%	77%	27%	6%	13.5%	100%	NA	NA	NA	NA	4 / 6	67%	Tier 2	Same Tier	\$ 241.43	0.94	\$ 256.84	Tier 2	Down 1 Tier	2.25	(0.50)	2,868	\$ 123,706	\$ (27,490)	\$ 219,922				
Measure Goal Threshold												84.0%	79.6%	47.6%	65.0%	14.0%	< 10%	75.0%												
Aggregate	88%	86%	73%	41%	9%	9%	88%	NA	NA	NA	NA	5 / 6	83%	Tier 1	Up 1 Tier	\$ 252.60	0.91	\$ 276.54	Tier 2	Up 1 Tier	3.00	1.75	38,247	\$ 1,489,587	\$ (47,138)	\$ 2,512,116				

Quality Performance Period Reported: January 2016 to December 2016 | Cost Performance Period Reported: January 2016 to December 2016

* Blue KC accidentally overstated CHN BMI performance by ~20 percentage points in the report published in June 2017. Due to their error, Blue KC is removing the BMI measure from the incentive calculation in CY2016.

** Meritas Health Pediatrics CY2016 Performance is Evaluated within North Kansas City's Blue KC Program

Quality Score refers to the percentage of total Quality points achieved

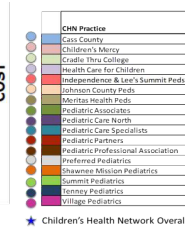
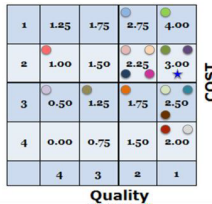
Tier 1 = 80% or greater Tier 3 = 40-59%

Tier 2 = 60-79% Tier 4 = <40%

Blue KC Risk Normalized Cost Tiers

- Tier 1 Threshold <= \$245.80
- Tier 2 Threshold <= \$280.98
- Tier 3 Threshold <= \$316.17
- Tier 4 Threshold > \$316.17

Blue KC PCMH Cohort Mean = \$280.98
Blue KC PCMH Standard Deviation = \$35.18



★ Children's Health Network Overall

Important Disclaimer: The results presented above are based on available data and CHN's application of the PBI incentive framework. Estimates are not guaranteed and are presented for evaluation purposes. As such, results are subject to change.

Appendix B

Children's Health Network - Blue KC Quality Performance (July 2016 through June 2017)



		Clinical Quality Measures (1.2 Pts)						PCMH & Engagement Measures (0.8 Pts)				Patient Exp (1.0 Pts)
	CHN Practice	15 Mo Well	3-6 Well	12-18 Well	BMI	HPV*	URI	CHN Att	Meetings	PCMH- Care Plans	Referrals	Patient Experience
	Cass County	80%	75%	63%	83%	29%	0%	79%	TBD	TBD	TBD	TBD
	Children's Mercy	32%	73%	56%	47%	33%	4%	95%	TBD	TBD	TBD	TBD
	Cradle Thru College	92%	76%	70%	81%	11%	8%	89%	TBD	TBD	TBD	TBD
	Health Care for Children	84%	67%	49%	33%	1%	15%	100%	TBD	TBD	TBD	TBD
	Independence & Lee's Summit Peds	68%	66%	54%	40%	13%	13%	85%	TBD	TBD	TBD	TBD
	Johnson County Peds	85%	87%	78%	80%	11%	10%	100%	TBD	TBD	TBD	TBD
	Meritas Health Pediatrics	77%	72%	68%	47%	8%	12%	95%	TBD	TBD	TBD	TBD
	Pediatric Associates	88%	73%	67%	69%	5%	6%	95%	TBD	TBD	TBD	TBD
	Pediatric Care North	89%	80%	63%	65%	16%	12%	84%	TBD	TBD	TBD	TBD
	Pediatric Care Specialists	91%	89%	78%	65%	1%	7%	84%	TBD	TBD	TBD	TBD
	Pediatric Partners	98%	91%	75%	73%	21%	7%	100%	TBD	TBD	TBD	TBD
	Pediatric Professional Association	90%	82%	72%	80%	16%	5%	93%	TBD	TBD	TBD	TBD
	Preferred Pediatrics	75%	73%	49%	65%	0%	0%	79%	TBD	TBD	TBD	TBD
	Shawnee Mission Pediatrics	90%	87%	69%	61%	0%	15%	79%	TBD	TBD	TBD	TBD
	Summit Pediatrics	85%	83%	68%	79%	18%	0%	89%	TBD	TBD	TBD	TBD
	Tenney Pediatrics	64%	54%	51%	8%	0%	0%	68%	TBD	TBD	TBD	TBD
	Village Pediatrics	90%	85%	74%	55%	7%	12%	73%	TBD	TBD	TBD	TBD
Measure Goal Threshold		84.0%	79.6%	47.6%	65.0%	14.0%	< 10%	75.0%				
	Aggregate	87%	80%	68%	64%	10%	8%	88%	TBD	TBD	TBD	TBD
	Aggregate (CY2016 Performance)	88%	86%	73%	41%	9%	9%	88%	TBD	TBD	TBD	TBD
	Difference	-2%	-6%	-5%	23%	1%	-1%	0%				

*HPV Immunization measure includes males and females but has not been updated to the 2-dose definition. The next report will be updated to reflect the 2-dose requirements.

2017 Performance Based Incentive Model



Overall Comments

- Well visit measures appear understated due to lack of claims run out.
- Many practices close to target on the 3-6 well visit measure
- Overall 20% point increase in BMI coding
- HPV up just 1% but Blue KC definition currently required 3 doses

Important Disclaimer: The results presented above are based on available data and CHN's application of the PBI incentive framework. Estimates are not guaranteed and are presented for evaluation purposes. As such, results are subject to change.

Understanding Risk Adjustment



**Children's
Health
Network**

What is Risk Adjustment?

Risk adjustment is an actuarial methodology used to calibrate payments (i.e. healthcare costs) based on the relative health of the at-risk population. Risk adjustment methodologies often use a patient's age, gender, medical diagnoses, and prescription medication history to assess patient risk. Risk adjustment methodologies are used to set benchmarks, adjust payer payments, and evaluate provider/practice cost performance.¹

Risk Adjustment Depends Exclusively on Claims Data
(typically based on 1 year of data)!

Why is Risk Adjustment Important?

Your practice and our network's cost performance is influenced by risk adjustment. Risk-adjusted costs normalize costs for medical complexity to facilitate more meaningful comparisons across practices and providers.

Optimize your risk adjusted cost performance by ensuring your risk score accurately reflects the level of risk of patients seen within your practice.

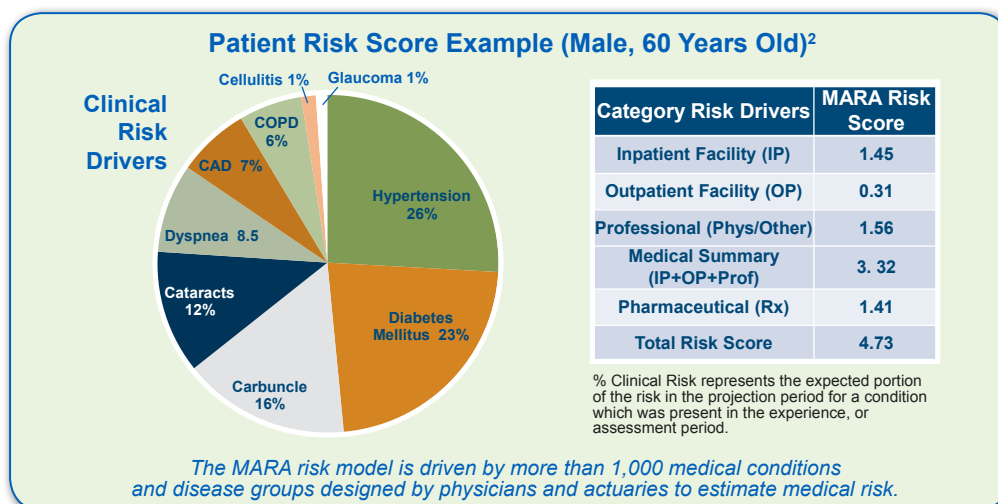
$$\text{Risk Adjusted Cost} = \frac{\text{Total Cost}}{\text{Risk Score}}$$

A higher risk score (i.e. more medical complexity) lowers your risk adjusted cost.

How Can I Influence My Risk Score to Ensure It Appropriately Reflects the Risk of My Patients?

Ensure your risk score is accurate by coding all diagnoses managed during your clinic visits. Each patient's risk score is primarily dependent on what diagnostic codes are found in claims data.

Risk scores are based exclusively on diagnoses included on claims. Problem list diagnoses are not included.



A Holistic View of Your Patient Helps Inform A More Accurate Risk Score:

Consider utilizing Vision Patient Face Sheets and your EMR problem lists to inform your providers of conditions that may need management.

Vision provides insight to conditions that may not be found in your EMR

Conditions	3
ADHD medication prescribed	Persistent asthma
Diabetes	

Important: Conditions should only be added to claims when clinically appropriate

Vision Conditions

List of your patient's chronic conditions based on all available data. Conditions include the most common pediatric chronic conditions and require at least 2 diagnoses 30 days apart over the past 3 years.

¹ Risk Assessment and Risk Adjustment. American Academy of Actuaries May 2010 Issue Brief. May 2010.

² Risk Adjustment –Tools for Health Reform. Milliman Inc. June 20, 2011.

https://www.seactuary.com/files/handouts/201106_03d_Risk_Adjusters.pdf