

Peer Group 5 P4P Program Evolution PHA Modernization

February 2022

- Changes were made to the Participating Hospital Agreement for PG5 P4P
- New PHA moves PG5 P4P from 6% to 2%, fully allocated to HIE
- **Important to note:** PG5 P4P scores are based on year-over-year adjustments – the change from 6% to 2% does NOT mean a 4% reduction in rates
- PG5 P4P will transition into this setup during the 2021-2022 program year
- Starting with program year 2021-2022, HIE will be allocated 2% of the 6%
- 10/1/23 adjustment will only be based on the HIE portion – worth 2% in both years

- PHA implementation date 7/1/2021
- Hospitals will become effective under the new PHA as of the hospital's own first new fiscal year date after 7/1/2021
- April 2021 – March 2022 PG5 P4P program was a transition year, still based on 6%
- April 2022 – March 2023 will be first program year under the new PHA based on 2%
- 10/1/23 adjustments from April 2022-March 2023 program will only apply to the 2% allocated to HIE

PG5 P4P Transition – component weighting Critical Access Hospitals

	Current PHA		PHA Transition		New PHA	
	2020-2021		2021-2022		2022-2023	
Eligible Rate	6%		6%		2%	
	Weight	Rate	Weight	Rate	Weight	Rate
Culture of Patient Safety	n/a	n/a	30%	1.8%	n/a	n/a
Clinical Quality Indicators	40%	2.4%	n/a	n/a	n/a	n/a
Population Health Management	40%	2.4%	50%	3.0%	100%	2.0%
HCAHPS	15%	0.9%	n/a	n/a	n/a	n/a
Population Health Champion	15%	0.9%	17%	1.0%	n/a	n/a
HIE ADT notification service	10%	0.6%	33%	2.0%	100%	2.0%
Quality Initiatives (MICAH)	20%	1.2%	20%	1.2%	n/a	n/a
Rate Update	10/1/2021		10/1/2022		10/1/2023	

PG5 P4P Transition – component weighting NON-Critical Access Hospitals

	Current PHA		PHA Transition		New PHA	
	2020-2021		2021-2022		2022-2023	
Eligible Rate	6%		6%		2%	
	Weight	Rate	Weight	Rate	Weight	Rate
Culture of Patient Safety	n/a	n/a	30%	1.8%	n/a	n/a
Clinical Quality Indicators	50%	3.0%	n/a	n/a	n/a	n/a
Population Health Management	50%	3.0%	50%	3.0%	100%	2.0%
HCAHPS	20%	1.2%	n/a	n/a	n/a	n/a
Population Health Champion	20%	1.2%	17%	1.0%	n/a	n/a
HIE ADT notification service	10%	0.6%	33%	2.0%	100%	2.0%
Quality Initiatives - Other	n/a	n/a	20%	1.2%	n/a	n/a
Rate Update	10/1/2021		10/1/2022		10/1/2023	

Sample scoring

	Current PHA				PHA Transition		New PHA	
	2019-2020		2020-2021		2021-2022		2022-2023	
	6%		6%		6%		2%	
Eligible Rate	Score	Rate	Score	Rate	Score	Rate	Score	Rate
Culture of Patient Safety	n/a	n/a	n/a	n/a	100%	2%	n/a	n/a
Clinical Quality Indicators	98.1%	1.8%	97.5%	1.8%	n/a	n/a	n/a	n/a
Population Health Management	92.3%	1.7%	94.0%	1.7%	90.0%	2.7%	87.0%	1.74%
HCAHPS	100%	0.6%	100%	0.6%	n/a	n/a	n/a	n/a
Population Health Champion	100%	0.6%	100%	0.6%	100%	1.0%	n/a	n/a
HIE ADT notification service	77.0%	0.5%	81.9%	0.5%	85.0%	1.70%	87.0%	1.74%
Quality Initiatives	98.6%	2.4%	98.1%	2.4%	100%	1.2%	n/a	n/a
HIE Score (2023 final score)		0.46%		0.49%		1.70%		1.74%
All other components		5.33%		5.31%		4.00%		n/a
Final Score (2019-22)		5.79%		5.80%		5.70%		n/a
Adjustment to hosp rate from prior year				0.01%		-0.10%		0.04%
Rate Update				10/1/2021		10/1/2022		10/1/2023

The bottom-line impact to a hospital's reimbursement rate is highlighted in yellow. The impact to the rate on 10/1/23 in this example is a 0.04% increase (the 4% from the prior year is untouched).

P4P HIE 22/23 Measures

Measure Number	Measure Description*	Total Points Available	Points Available by Quarter			
			1Q	2Q	3Q	4Q
1	Transmit ADT notifications that meet the data quality conformance	3	.75	.75	.75	.75
2	Transmit Exchange CCDAs	3	.75	.75	.75	.75
3	Transmit Statewide Lab Result data	3	.75	.75	.75	.75
4	Participate in one or more HIE pilot projects	1	Point requirements and timelines will be determined by the specific pilot. Hospitals will receive clear and timely written communications regarding any pilot expectations.			

* Implementation issues in executing successful ADT transmission that are beyond a hospital's reasonable ability to resolve will be considered by Blue Cross when scoring the measure.

Measure 1 – Transmit ADT notifications that meet the data quality conformance:

- ADT thresholds will remain the same (75%)
- IN1-3 and IN1-4 scored this year

Measure 2 – Transmit Exchange CCDA data

Measure 3 - Transmit Statewide Lab Result data

- Transmitting of data only

Measure 4 – Participate in one or more HIE Pilot Projects

If a hospital is not selected to participate, the 1 point for this measure is redistributed to Measures 1 and Measure 2

Reminder:

All close-out documentation is due on or before 6/1/2022

- CEO Attestation form
- Population Health Champion Attestation
- Alternative Readmission Activity Template

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